

# COMPLAINT - WARRANT

| COMPLAINT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                                            |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| COURT CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PREFIX                                                               | YEAR                                                                                                                                                                       | SEQUENCE NO. |
| 1326                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | W                                                                    | 2019                                                                                                                                                                       | 000199       |
| MANALAPAN TWP MUNICIPAL COURT<br>120 RT 522<br>MANALAPAN NJ 07726-0000<br>732-446-6656 COUNTY OF: MONMOUTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                                                                                                            |              |
| # of CHARGES<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CO-DEFTS                                                             | POLICE CASE #:<br>19MN21826                                                                                                                                                |              |
| COMPLAINANT DET B BELARDO<br>NAME: 120 RT 522 & TAYLOR<br>MANALAPAN NJ 07726                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | DEFENDANT INFORMATION<br>SEX: M EYE COLOR: BROWN DOB: 03/12/1972<br>DRIVER'S LIC. # DL STATE:<br>SOCIAL SECURITY #: xxx-xx-x SBI #:<br>TELEPHONE #: (H)<br>LIVESCAN PCN #. |              |
| By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 09/01/2019 in MANALAPAN TWP, MONMOUTH County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT AGGRAVATED SEXUAL ASSAULT BY COMMITTING AN ACT OF SEXUAL PENETRATION UPON T.H., WHILE T.H. WAS ONE WHOM THE DEFENDANT KNEW OR SHOULD HAVE KNOWN WAS PHYSICALLY HELPLESS OR INCAPACITATED INTELLECTUALLY OR MENTALLY INCAPACITATED OR HAD A MENTAL DISEASE OR DEFECT, SPECIFICALLY BY THE DEFENDANT PERFORMING ORAL SEX ON THE MALE VICTIM WHILE THE VICTIM WAS SLEEPING. IN VIOLATION OF N.J.S. 2C:14-2A(7) |                                                                      |                                                                                                                                                                            |              |
| in violation of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                                            |              |
| Original Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1) 2C:14-2A(7)                                                       | 2)                                                                                                                                                                         | 3)           |
| Amended Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                            |              |
| CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.<br>Signed: DET B BELARDO Date: 09/05/2019                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                                                                                                            |              |
| You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of MONMOUTH<br>at the following address: MONMOUTH COUNTY COURTS<br>71 MONUMENT PARK PO BOX 1271 FREEHOLD NJ 07728-0000<br>Date of Arrest: Appearance Date: Time: Phone: 732-677-4500                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                                                                                                            |              |
| PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                                                                                                            |              |
| <input type="checkbox"/> Probable cause IS NOT found for the issuance of this complaint.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                                                                                                            |              |
| Signature of Court Administrator or Deputy Court Administrator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      | Signature of Judge                                                                                                                                                         |              |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      | Date                                                                                                                                                                       |              |
| <input checked="" type="checkbox"/> Probable cause IS found for the issuance of this complaint. JACLYN REIMAN JUDICIAL OFFICER 09/05/2019<br>Signature and Title of Judicial Officer Issuing Warrant Date                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                                                                                                            |              |
| TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                                                                                                            |              |
| Bail Amount Set: by: (if different from judicial officer that issued warrant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                                                                                                            |              |
| <input type="checkbox"/> Domestic Violence – Confidential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Related Traffic Tickets or Other Complaints | <input type="checkbox"/> Serious Personal Injury/ Death Involved                                                                                                           |              |
| Special conditions of release:<br><input type="checkbox"/> No phone, mail or other personal contact w/victim<br><input type="checkbox"/> No possession firearms/weapons<br><input type="checkbox"/> Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      | ORIGINAL                                                                                                                                                                   |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | Page 1 of 7 NJ/CDR2 1/1/2017                                                                                                                                               |              |

# Affidavit of Probable Cause

## COMPLAINT NUMBER

**1326****W****2019****000199**

COURT CODE

PREFIX

YEAR

SEQUENCE NO

**MANALAPAN TWP MUNICIPAL COURT****120 RT 522****MANALAPAN****NJ 07726-0000****732-446-6656**COUNTY OF: **MONMOUTH**# of CHARGES  
**1**

CO-DEFTS

POLICE CASE #:  
**19MN21826**COMPLAINANT **DET B BELARDO**  
NAME: **120 RT 522 & TAYLOR****MANALAPAN****NJ 07726***THE STATE OF NEW JERSEY**VS.***JOSEPH L TRINGALI**

ADDRESS:

**70 STRATFORD DRIVE****MANALAPAN****NJ 07726-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**DOB: **03/12/1972**

DRIVER'S LIC. #:

DL STATE:

SOCIAL SECURITY #: **xxx-xx-x**

SBI #:

TELEPHONE #:

**(H)**

LIVESCAN PCN #:

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

VICTIM GAVE TYPED WITNESS STATEMENT. VICTIM AND TWO WITNESSES PUT THE SUSPECT IN THE SAME ROOM AS THE VICTIM DURING THE TIME FRAME THE INCIDENT OCCURRED. COPIES OF TEXT MESSAGES TO FIRST CONTACTS FROM THE VICTIM WERE RECOVERED.

**Affidavit of Probable Cause****Page 5 of 7****1/1/2017**



## Affidavit of Probable Cause

### COMPLAINT NUMBER

**1326****W****2019****000199**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

**THE STATE OF NEW JERSEY****VS.****JOSEPH L TRINGALI**

2. I am aware of the facts above because: (Included, but not limited to: your observations, statements of eyewitnesses, defendant's admission, etc.)

I AM AWARE OF THE FACT BECAUSE I SPOKE WITH THE WITNESS AND VICTIMS AND TOOK STATEMENTS FROM THE WITNESS AND VICTIMS

3. If victim was injured, provide the extent of the injury:

#### Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: DET B BELARDO LAW ENFORCEMENT OFFICER

Date: 09/05/2019

**Affidavit of Probable Cause****Page 6 of 7**

1/1/2017



# Manalapan Police Department

120 Route 522 MANALAPAN, NJ 07726 (732)446-4300

## Individual Arrest Report

Name: JOSEPH L TRINGALI

(136077)

Street Address: 70 STRATFORD DR

City, State Zip: MANALAPAN, NJ 07726

Date of Birth: 03/12/72

Social Security:

Local ID Numbers:

State ID Number:

FBI number:

Attorney:

Occupation:

Place of Birth:

State:

Sex: M

Race: W

Height: 5'06"

Weight: 0

Hair Color:

Eyes Color: BRO

Drivers License:

State: NJ

Marital Status:

Home Phone:

Work Phone:

Employer:

Alias For:

### Scars, Marks, and Tattoo Information

#### Arrest/Offense Information

Booking Number: 19BK10732

Arrest Reference Number:

Time/Date Arrested: 11:16:31 09/01/19

Arresting Officer: Brady, R

Arresting Agency: P26

Age at Arrest: 47

Statute: 2C:14-2A, Aggravated Sexual Assault

Class: 1D

Court:

Offense: AGSA, Assault, Aggravated Sexual

Counts: 1

OTN:

Warr/Cmplnt #: 1326-W-2019-000199

Related Incident: 19MN21826

#### Report Includes:

All dates arrested, All booking numbers matching '19BK10732', All arresting agencies, All arresting officers, All arrest types, All arrest area codes, All judicial age statuses, All inmate name numbers, All offense codes, All statute codes, All alcohol/drug codes, All crime class codes, All law jurisdictions, All court codes, All entry codes, All custody flags, All offenses and arrests,

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**Supplement**

14:26:49 09/05/2019 - Mellaci, D

CAD Call info/comments

=====

12:36:47 09/05/2019 - Keavney, W

1 10-41 in custody

12:46:13 09/05/2019 - Mellaci, D - From: Brady, R

enrt 10-41 male sm- 12729.4 to HQ

12:50:46 09/05/2019 - Mellaci, D - From: Brady, R

em-12731.8

13:42:27 09/05/2019 - Mellaci, D

p26156 req CCH T74314107303722 nj // direct printed

14:06:17 09/05/2019 - Mellaci, D - From: Brady, R

sm-12731.9 transporting adult male 10-41 to MCCI

14:15:06 09/05/2019 - Mellaci, D - From: Brady, R

em-12735.8

SUPERIOR COURT OF NEW JERSEY  
LAW DIVISION (CRIMINAL)  
MONMOUTH COUNTY

THE STATE OF NEW JERSEY :

Plaintiff, :

v. :

Indictment No. 20-01-00018  
Case No. 19-03632

JOSEPH TRINGALI, :

Defendant. :

FIRST COUNT

AGGRAVATED SEXUAL ASSAULT

FIRST DEGREE CRIME

The Grand Jurors of the State of New Jersey, for the County of Monmouth, upon their oaths present that JOSEPH TRINGALI, on or about September 1, 2019, in or about the Township of Manalapan, County of Monmouth, and within the jurisdiction of this Court, did commit the crime of Aggravated Sexual Assault, by committing an act of sexual penetration with T.H., while T.H. was one whom JOSEPH TRINGALI knew or should have known was physically helpless, which rendered T.H. temporarily incapable of understanding the nature of his conduct, contrary to the provisions of N.J.S.A. 2C:14-2a(7), and against the peace of this State, the Government, and dignity of the same.

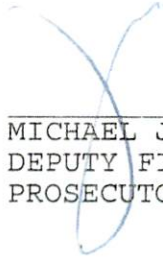
SECOND COUNT

SEXUAL ASSAULT

SECOND DEGREE CRIME

The Grand Jurors of the State of New Jersey, for the County of Monmouth, upon their oaths present that JOSEPH

TRINGALI, on or about September 1, 2019, in or about the Township of Manalapan, County of Monmouth, and within the jurisdiction of this Court, did commit the crime of Sexual Assault, by committing an act of sexual penetration with T.H., while using physical force or coercion, contrary to the provisions of N.J.S.A. 2C:14-2c(1), and against the peace of this State, the Government, and dignity of the same.



MICHAEL J. WOJCIECHOWSKI  
DEPUTY FIRST ASSISTANT  
PROSECUTOR

Endorsed:

\_\_\_\_\_  
Foreperson



# Judgment of Conviction

## Superior Court of New Jersey, MONMOUTH County

**State of New Jersey**
**v.**

Last Name

TRINGALI

First Name

JOSEPH

Middle Name

L

Also Known As

Date of Birth

03/12/1972

SBI Number

484031G

Date(s) of Offense

09/01/2019

Date of Arrest

PROMIS Number

19 003632-001

Date Ind / Acc / Complt Filed

01/03/2020

Original Plea

☐ Not Guilty

☒ Guilty

Date of Original Plea

01/21/2020

Adjudication By

☒ Guilty Plea

☐ Jury Trial Verdict

☐ Non-Jury Trial Verdict

☐ Dismissed / Acquitted

Date: 01/21/2020

### Original Charges

| Ind / Acc / Complt | Count | Description                                             | Statute     | Degree |
|--------------------|-------|---------------------------------------------------------|-------------|--------|
| 20-01-00018-I      | 1     | AGG SEX ASSAULT-V HELPLESS, INCAPACITATED, ETC.         | 2C:14-2A(7) | 1      |
| 20-01-00018-I      | 2     | SEXUAL ASSAULT-FORCE/COERCION NO SEVERE PERSONAL INJURY | 2C:14-2C(1) | 2      |

### Final Charges

| Ind / Acc / Complt | Count     | Description                        | Statute  | Degree |
|--------------------|-----------|------------------------------------|----------|--------|
| 20-01-00018-I      | AMENDED 1 | AGGRAVATED CRIMINAL SEXUAL CONTACT | 2C:14-3A | 3      |

### Sentencing Statement

It is, therefore, on 04/30/2020 **ORDERED** and **ADJUDGED** that the defendant is sentenced as follows:  
 Count 1: The defendant is sentenced to financial penalties, and is subject the reporting and registration requirements of Megan's Law and the conditions of Parole Supervision for Life. The defendant is ordered no victim contact.

Financial penalties are to be collected through parole.

Count 2 is dismissed.

☐ It is further ORDERED that the sheriff deliver the defendant to the appropriate correctional authority.

Total Custodial Term

000 Years 00 Months 000 Days

Institution Name

Total Probation Term

00 Years 00 Months



State of New Jersey v.  
TRINGALI, JOSEPH L

S.B.I. # 484031G Ind / Acc / Complt # 20-01-00018-I

| <b>DEDR (N.J.S.A. 2C:35-15 and 2C:35-5.11)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | <b>Additional Conditions</b>                                                                                                                                  |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|------------------|-----------------------------|------------------|-----------------------------|------------------|-----------------------------|------------------|------------------------|------------------|---------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A mandatory Drug Enforcement and Demand Reduction (DEDR) penalty is imposed for each count. (Write in number of counts for each degree.)<br><input type="checkbox"/> DEDR penalty reduction granted (N.J.S.A. 2C:35-15a(2)) <table style="width:100%; margin-top: 5px;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Doubled</th> </tr> <tr> <td>1st Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>2nd Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>3rd Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>4th Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>DP or _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>Petty DP _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> </table> <p style="text-align: right;">Total DEDR Penalty \$ _____</p> <input type="checkbox"/> The court further ORDERS that collection of the DEDR penalty be suspended upon defendant's entry into a residential drug program for the term of the program. (N.J.S.A. 2C:35-15e) |                  | Standard                                                                                                                                                      | Doubled         | 1st Degree _____ @ \$ _____ | _____ @ \$ _____ | 2nd Degree _____ @ \$ _____ | _____ @ \$ _____ | 3rd Degree _____ @ \$ _____ | _____ @ \$ _____ | 4th Degree _____ @ \$ _____ | _____ @ \$ _____ | DP or _____ @ \$ _____ | _____ @ \$ _____ | Petty DP _____ @ \$ _____ | _____ @ \$ _____ | <input checked="" type="checkbox"/> The defendant is hereby ordered to provide a DNA sample and ordered to pay the costs for testing of the sample provided (N.J.S.A. 53:1-20.20 and N.J.S.A. 53:1-20.29).<br><input type="checkbox"/> The defendant is hereby sentenced to community supervision for life (CSL) if offense occurred before 1/14/04 (N.J.S.A. 2C:43-6.4).<br><input type="checkbox"/> The defendant is hereby sentenced to parole supervision for life (PSL) if offense occurred on or after 1/14/04 (N.J.S.A. 2C:43-6.4).<br><input type="checkbox"/> The defendant is hereby ordered to serve a _____ year term of parole supervision, pursuant to the No Early Release Act (NERA), which term shall begin as soon as the defendant completes the sentence of incarceration (N.J.S.A. 2C:43-7.2).<br><input type="checkbox"/> The court imposes a Drug Offender Restraining Order (DORO) (N.J.S.A. 2C:35-5.7h). DORO expires _____<br><input type="checkbox"/> The court continues/imposes a Sex Offender Restraining Order (SORO) if the offense occurred on or after 8/7/07 (Nicole's Law N.J.S.A. 2C:14-12 or N.J.S.A. 2C:44-8).<br><input type="checkbox"/> The court imposes a Stalking Restraining Order (N.J.S.A. 2C:12-10.1).<br><input type="checkbox"/> The defendant is prohibited from purchasing, owning, possessing, or controlling a firearm and from receiving or retaining a firearms purchaser identification card or permit to purchase a handgun (N.J.S.A. 2C:25-27c(1)). |  |
| Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Doubled          |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 1st Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ @ \$ _____ |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 2nd Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ @ \$ _____ |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 3rd Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ @ \$ _____ |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 4th Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____ @ \$ _____ |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| DP or _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ @ \$ _____ |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Petty DP _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ @ \$ _____ |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Forensic Laboratory Fee (N.J.S.A. 2C:35-20) _____<br>Offenses @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | Total Lab Fee \$ _____                                                                                                                                        |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>VCCO Assessment (N.J.S.A. 2C:43-3.1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Counts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Number           | Amount                                                                                                                                                        |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                | @ \$ 50.00                                                                                                                                                    |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | @ \$ _____                                                                                                                                                    |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | @ \$ _____                                                                                                                                                    |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
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| Total VCCO Assessment \$ 50.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Vehicle Theft / Unlawful Taking Penalty (N.J.S.A. 2C:20-2.1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Offense _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | Mandatory Penalty \$ _____                                                                                                                                    |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Offense Based Penalties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Penalty<br>SEX OFFENDER SUPV FEE (\$30/MO)<br>NJSA 30:4-123.97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | Amount<br>\$30.00                                                                                                                                             |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Other Fees and Penalties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Law Enforcement Officers Training and Equipment Fund Penalty (N.J.S.A. 2C:43-3.3)<br><input checked="" type="checkbox"/> \$ 30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Safe Neighborhoods Services Fund Assessment (N.J.S.A. 2C:43-3.2)<br><input checked="" type="checkbox"/> 1 Offenses @ \$ 5.00<br>Total: \$ 75.00               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Probation Supervision Fee (N.J.S.A. 2C:45-1d)<br><input type="checkbox"/> \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | Statewide Sexual Assault Nurse Examiner Program Penalty (N.J.S.A. 2C:43-3.6)<br><input checked="" type="checkbox"/> 1 Offenses @ \$ 800.00<br>Total \$ 800.00 |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Transaction Fee (N.J.S.A. 2C:46-1.1)<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Domestic Violence Offender Surcharge (N.J.S.A. 2C:25-29.4)<br><input type="checkbox"/> \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | Certain Sexual Offenders Surcharge (N.J.S.A. 2C:43-3.7)<br><input checked="" type="checkbox"/> \$ 100.00                                                      |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Fine<br>\$ 150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Sex Crime Victim Treatment Fund Penalty (N.J.S.A. 2C:14-10)<br><input checked="" type="checkbox"/> \$ 750.00                                                  |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Restitution Joint & Several<br>\$ _____ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | Total Financial Obligation<br>\$ 1,955.00                                                                                                                     |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>License Suspension</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> CDS / Paraphernalia (N.J.S.A. 2C:35-16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | <input type="checkbox"/> Waived                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> Auto Theft / Unlawful Taking (N.J.S.A. 2C:20-2.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> Eluding (N.J.S.A. 2C:29-2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Number of Months _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | <input type="checkbox"/> Non-resident driving privileges revoked                                                                                              |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Start Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | End Date _____                                                                                                                                                |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Driver's License Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | Jurisdiction _____                                                                                                                                            |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| If the court is unable to collect the license, complete the following:<br>Defendant's Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                               |                 |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| City _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | State _____                                                                                                                                                   | Zip _____       |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Date of Birth _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F                                                                                                  | Eye Color _____ |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

