

COMPLAINT - SUMMONS

COMPLAINT NUMBER

0308**S****2022****000001**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

CINNAMINSON MUNICIPAL COURT**1621 RIVERTON RD****CINNAMINSON****NJ 08077-0000****856-829-4027**COUNTY OF: **BURLINGTON**

of CHARGES

1

CO-DEFTS

POLICE CASE #:

2021022328COMPLAINANT
NAME:**GENEVIEVE H NEWTON****10 LEJUNE ROAD****CINNAMINSON****NJ 08077***THE STATE OF NEW JERSEY**VS.***CHRISTOPHER A NEWTON**

ADDRESS:

10 LEJUNE RD**CINNAMINSON****NJ 08077-2116**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**

DOB: [REDACTED]

DRIVER'S LIC. #: [REDACTED]

DL STATE: **NJ**

SOCIAL SECURITY #: [REDACTED] SBI #:

TELEPHONE #: [REDACTED] (C)

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 **10/09/2021** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, BETWEEN OCTOBER 8, 2021 AND NOVEMBER 29, 2021 DID COMMIT THEFT BY DECEPTION SPECIFICALLY BY STEALING THE VICTIM'S TD BANK CARD LINKED TO HER TD BANK ACCOUNT # [REDACTED] AND MAKE TWELVE (12) UNAUTHORIZED WITHDRAWALS FROM THE TD BANK ATM AND WAWA ATM TOTALING \$7163.50 WHILE THE VICTIM WAS IN THE HOSPITAL RECOVERING IN VIOLATION OF N.J.S. 2C:20-4, A THIRD DEGREE CRIME.

in violation of:

Original Charge

1) **2C:20-4**

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.

Signed: _____

Date: _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS☐ Probable cause **IS NOT** found for the issuance of this complaint:

Signature of Court Administrator or Deputy Court Administrator _____

Date _____

Signature of Judge _____

Date _____

☒ Probable cause **IS** found for the issuance of this complaint-summons:

Signature of Judge _____

Date _____

SUMMONSYOU ARE HEREBY **SUMMONED** to appear before the Superior Courtin the county of: **BURLINGTON**at the following address: **BURLINGTON COUNTY****CRIMINAL COURTS****49 RANOCAS ROAD****MT HOLLY****NJ 08060-0000**

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest:

Appearance Date: **02/14/2022**Time: **09:00AM**Phone: **609-288-9500**

Signature of Person Issuing Summons: _____

COREY AHART JUDICIAL OFFICERDate: **01/04/2022**☐ **Domestic Violence – Confidential**☐ **Related Traffic Tickets
or Other Complaints**☐ **Serious Personal Injury/ Death
Involved****Special conditions of release:**☐ **No phone, mail or other personal contact w/victim**☐ **No possession firearms/weapons**☐ **Other (specify):****ORIGINAL**

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER

0308**S****2022****000001**

STATE V.

CHRISTOPHER A NEWTON

FTA Bail Information		Date Bail Set:	Amount Bail Set: \$	by:	☐ Bail Recog. Attached
Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor:

Date of First Appearance: 02/14/2022	☐ Advised of Rights by	Defendant Desires Counsel: ☐ Yes ☐ No
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Prosecuting Attorney Information				Defense Counsel Information					
Name:				Name:					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

Original Charge	1) 2C:20-4	2)	3)
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit Susp. Imp	Jail time credit Susp. Imp	Jail time credit Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:			

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:

Related Traffic Tickets and Complaints:

* Finding Codes

- 1 – Guilty
- 2 – Not Guilty
- 3 – Dismissed – Other
- 4 – Guilty but Merged
- 5 – Dismissed-Rule
- 6 – Dismissed Lack of Prosecution
- 7 – Dismissed – Pros Motion/Vic Req
- 8 – Conditional Discharge
- D – Dismissed- Prosecutor Discretion
- M – Dismissed- Mediation
- P – Dismissed-Plea Agreement
- S – Disposed at Superior
- W – Dismissed-False ID

ORIGINAL - Court Action

Page 2 of 7

NJ/CDR1 1/1/2017

JUDGE'S SIGNATURE

DATE

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

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CINNAMINSON MUNICIPAL COURT**1621 RIVERTON RD****CINNAMINSON****NJ 08077-0000****856-829-4027**COUNTY OF: **BURLINGTON**

of CHARGES

1

CO-DEFTS

POLICE CASE #:

2021022328

COMPLAINANT

NAME:

GENEVIEVE H NEWTON**THE STATE OF NEW JERSEY****VS.****CHRISTOPHER A NEWTON**

ADDRESS:

10 LEJUNE RD**CINNAMINSON****NJ 08077-2116**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**DOB: **07/08/1980**DRIVER'S LIC. #: **[REDACTED]**DL STATE: **NJ**SOCIAL SECURITY #: **[REDACTED]** SBI #:TELEPHONE #: **[REDACTED]** (c)

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 **10/09/2021** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, BETWEEN OCTOBER 8, 2021 AND NOVEMBER 29, 2021 DID COMMIT THEFT BY DECEPTION SPECIFICALLY BY STEALING THE VICTIM'S TD BANK CARD LINKED TO HER TD BANK ACCOUNT # **[REDACTED]** AND MAKE TWELVE (12) UNAUTHORIZED WITHDRAWALS FROM THE TD BANK ATM AND WAWA ATM TOTALING \$7163.50 WHILE THE VICTIM WAS IN THE HOSPITAL RECOVERING IN VIOLATION O N.J.S. 2C:20-4, A THIRD DEGREE CRIME.

in violation of:

Original Charge	1) 2C:20-4	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.

Signed: _____

Date: _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS

☐ Probable cause **IS NOT** found for the issuance of this complaint:

Signature of Court Administrator or Deputy Court Administrator

Date

Signature of Judge

Date

☒ Probable cause **IS** found for the issuance of this complaint-summons:

Signature of Judge

Date

SUMMONS

YOU ARE HEREBY **SUMMONED** to appear before the Superior Courtin the county of: **BURLINGTON**at the following address: **BURLINGTON COUNTY****CRIMINAL COURTS****49 RANOCAS ROAD****MT HOLLY****NJ 08060-0000**

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest:

Appearance Date: **02/14/2022** Time: **09:00AM** Phone: **609-288-9500**

Signature of Person Issuing Summons:

COREY AHART JUDICIAL OFFICERDate: **01/04/2022**☐ Domestic Violence – Confidential☐ Related Traffic Tickets
or Other Complaints☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

- ☐ No phone, mail or other personal contact w/victim
- ☐ No possession firearms/weapons
- ☐ Other (specify):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER

0308

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YEAR

SEQUENCE NO.

CINNAMINSON MUNICIPAL COURT

1621 RIVERTON RD

CINNAMINSON

NJ 08077-0000

856-829-4027 COUNTY OF: **BURLINGTON**

of CHARGES

1

CO-DEFTS

POLICE CASE #:

2021022328

COMPLAINANT **GENEVIEVE H NEWTON**

NAME: **10 LEJUNE ROAD**

CINNAMINSON

NJ 08077

THE STATE OF NEW JERSEY

VS.

CHRISTOPHER A NEWTON

ADDRESS:

10 LEJUNE RD

CINNAMINSON

NJ 08077-2116

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**

DOB: [REDACTED]

DRIVER'S LIC. # [REDACTED]

DL STATE: **NJ**

SOCIAL SECURITY # [REDACTED]

SBI #:

TELEPHONE #: [REDACTED] (C)

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 **10/09/2021** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, BETWEEN OCTOBER 8, 2021 AND NOVEMBER 29, 2021 DID COMMIT THEFT BY DECEPTION SPECIFICALLY BY STEALING THE VICTIM'S TD BANK CARD LINKED TO HER TD BANK ACCOUNT # [REDACTED] AND MAKE TWELVE (12) UNATHORIZED WITHDRAWALS FROM THE TD BANK ATM AND WAWA ATM TOTALING \$7163.50 WHILE THE VICTIM WAS IN THE HOSPITAL RECOVERING IN VIOLATION O N.J.S. 2C:20-4, A THIRD DEGREE CRIME.

in violation of:

Original Charge

1) **2C:20-4**

2)

3)

Check

✓

Certification by Police Regarding Complaint-Summons

I certify that I served the complaint-summons by delivering a copy to the defendant personally.

I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over

Name of family member over 14 years of age

I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address.

Defendant's last known address

I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf.

Name and title of authorized person

Other manner of service: I certify that I served the complaint-summons in the following manner: _____

I certify that I was unable to serve the complaint-summons.

Signed: _____

Name, Title and Department of Officer

Date of Action: _____

**RETURN OF SERVICE
INFORMATION**

Affidavit of Probable Cause

COMPLAINT NUMBER

0308**S****2022****000001**

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YEAR

SEQUENCE NO.

CINNAMINSON MUNICIPAL COURT
1621 RIVERTON RD
CINNAMINSON NJ 08077-0000
856-829-4027 COUNTY OF: BURLINGTON

of CHARGES
1

CO-DEFTS

POLICE CASE #:
2021022328COMPLAINANT NAME: GENEVIEVE H NEWTON
10 LEJUNE ROAD

CINNAMINSON

NJ 08077

*THE STATE OF NEW JERSEY**VS.***CHRISTOPHER A NEWTON**

ADDRESS: 10 LEJUNE RD

CINNAMINSON

NJ 08077-2116

DEFENDANT INFORMATION

SEX: M EYE COLOR: BROWN

DOB: [REDACTED]

DRIVER'S LIC. # [REDACTED]

DL STATE: NJ

SOCIAL SECURITY #: [REDACTED] SBI #:

TELEPHONE #: [REDACTED] (C)

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:
There were ATM withdrawals from my savings + checking accounts at TD bank from 10/9/21-11/29/21 totaling \$7163.50. All of this was done without my knowledge or permission while I was hospitalized with a stroke and then in home care for rehab from right sided weakness suffered from a stroke. In addition to withdrawing money from TD bank, Chris Newton also attempted to withdrawal money from my credit union accounts at Campbell however without a PIN or password he had a "loss" of my debit card. He was unable to access the account. Subsequently he filed for a replacement card and once received in the mail Chris Newton opened my mail in my name and activated my debit card without my permission and placed the debit card in my wallet and discarded of the new card paperwork. Chris also opened mail addressed to me from Mount Ephraim Chrysler/Dodge with a refund from a down payment I made on his 2018 Jeep Cherokee when he purchased it with my co-signature. He then forged the check and deposited it into my TD checking account in order to get the balance in my account. And he also discarded of my paperwork from the dealership with the check. All of the above was done without my knowledge or consent.

Affidavit of Probable Cause**Page 5 of 7**

1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

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SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

CHRISTOPHER A NEWTON

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

Christopher Newton admitted to this after I confronted him.

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

N/A

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: _____

Date: 01/03/2022

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER

0308**S****2022****000001**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

CINNAMINSON MUNICIPAL COURT**1621 RIVERTON RD****CINNAMINSON****NJ 08077-0000****856-829-4027** COUNTY OF: **BURLINGTON**

of CHARGES

1

CO-DEFTS

POLICE CASE #:

2021022328COMPLAINANT
NAME:**GENEVIEVE H NEWTON**
10 LEJUNE ROAD**CINNAMINSON****NJ 08077***THE STATE OF NEW JERSEY**VS.***CHRISTOPHER A NEWTON**

ADDRESS:

10 LEJUNE RD**CINNAMINSON****NJ 08077-2116**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**

DOB: [REDACTED]

DRIVER'S LIC. #: [REDACTED]

DL STATE: **NJ**

SOCIAL SECURITY #: [REDACTED] SBI #:

TELEPHONE #: [REDACTED] (C)

LIVESCAN PCN #:

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

-The defendant made statements/admissions.

-The defendant was known to the victim as:
•Family

-The case involved theft and/or stolen property. The property which was stolen and/or possessed is **STOLEN BANK CARD**

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: _____

Date: **01/03/2022****Preliminary Law Enforcement Incident Report****Page 7 of 7**

7/20/2018