

COMPLAINT - SUMMONS

COMPLAINT NUMBER

0308**S****2022****000003**

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 #:

202200675COMPLAINANT
NAME:**LAURA L CLEMONS-SKERRETT**
2007 HUNTER ST**CINNAMINSON****NJ 08077***THE STATE OF NEW JERSEY**VS.***JAMES E SKERRETT**

ADDRESS:

29 WEST HODGES LN**LAWNSIDE****NJ 08045-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **GREY**

DOB: [REDACTED]

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #:

TELEPHONE #:

LIVSCAN 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 **01/11/2022** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT CRIMINAL MISCHIEF BY RECKLESSLY OR NEGLIGENTLY CAUSING DAMAGE TO PROPERTY BELONGING TO PROPERTY BELONGING TO, **LAURA L CLEMONS-SKERRETT**, SPECIFICALLY BY BREAKING A WINDOW WITH A SCREW DRIVER, CAUSING PECUNIARY LOSS IN THE AMOUNT OF \$125.00. THIS BEING IN VIOLATION OF N.J.S. 2C:17-3A

in violation of:

Original Charge

1) 2C:17-3A(1)**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 Municipal Courtin the county of: **BURLINGTON**at the following address: **CINNAMINSON MUNICIPAL COURT****1621 RIVERTON RD****CINNAMINSON****NJ 08077-0000**

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: **01/24/2022**Time: **10:00AM**Phone: **856-829-4027**

Signature of Person Issuing Summons: _____

COREY AHART JUDICIAL OFFICERDate: **01/11/2022**☒ **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)

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STATE V.**JAMES E SKERRETT****FTA Bail Information**

Date Bail Set:

Amount Bail Set: \$ _____

by: _____

☐ Bail Recog. AttachedReleased
on Bail

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed:

Date Referred to
County Prosecutor: _____Date of First
Appearance: **01/24/2022**☐ Advised of Rights by _____

Defendant Desires Counsel:

☐ Yes ☐ No**Prosecuting Attorney Information****Defense Counsel Information****Name:****Name:**

State

County

Municipal

Other

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:17-3A(1)**

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

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER

0308

S

2022

000003

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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 #:
202200675

COMPLAINANT **LAURA L CLEMONS-SKERRETT**
NAME: **2007 HUNTER ST**

CINNAMINSON

NJ 08077

THE STATE OF NEW JERSEY

VS.

JAMES E SKERRETT

ADDRESS:

29 WEST HODGES LN

LAWNSIDE

NJ 08045-0000

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **GREY**

DOB: [REDACTED]

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY # [REDACTED]

SBI #:

TELEPHONE #:

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 **01/11/2022** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT CRIMINAL MISCHIEF BY RECKLESSLY OR NEGLIGENTLY CAUSING DAMAGE TO PROPERTY BELONGING TO PROPERTY BELONGING TO, **LAURA L CLEMONS-SKERRETT**, SPECIFICALLY BY BREAKING A WINDOW WITH A SCREW DRIVER, CAUSING PECUNIARY LOSS IN THE AMOUNT OF \$125.00. THIS BEING IN VIOLATION OF N.J.S. 2C:17-3A

in violation of:

Original Charge

1) **2C:17-3A(1)**

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.

29 WEST HODGES AVE LAWNSIDE, NJ 08045

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

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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 #: 202200675

COMPLAINANT LAURA L CLEMONS-SKERRETT
NAME: 2007 HUNTER ST

CINNAMINSON NJ 08077

*THE STATE OF NEW JERSEY**VS.***JAMES E SKERRETT**

ADDRESS: 29 WEST HODGES LN

LAWNSIDE**NJ 08045-0000****DEFENDANT INFORMATION**

SEX: M EYE COLOR: GREY

DOB: [REDACTED]

DL STATE: NJ

DRIVER'S LIC. #: [REDACTED]

SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED]

TELEPHONE #: ()

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:

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

1/1/2017

Affidavit of Probable Cause

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SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

JAMES E SKERRETT

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

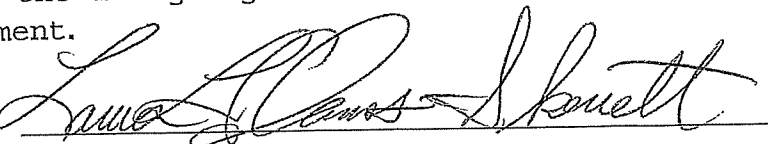
I AM THE INVESTIGATING OFFICER.

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:



Date: 01/11/2022

Affidavit of Probable Cause

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1/1/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER

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

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CO-DEFTS

POLICE CASE #:

202200675COMPLAINANT NAME: **LAURA L CLEMONS-SKERRETT**
2007 HUNTER ST**CINNAMINSON****NJ 08077****THE STATE OF NEW JERSEY****VS.****JAMES E SKERRETT**

ADDRESS:

29 WEST HODGES LN**LAWNSIDE****NJ 08045-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **GREY**

DOB: [REDACTED]

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #: [REDACTED]

SBI #:

TELEPHONE #:

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 offense Involved domestic violence.

•DVCR was checked.

*Located history relevant to this offense: TRO DISMISSED

-Relationship changes include:

•Victim recently left defendant or informed defendant that he/she was ending the relationship

-The defendant was known to the victim as:

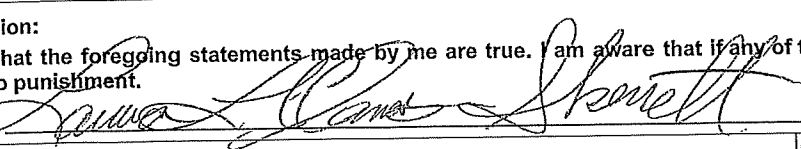
•Family

-The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were:

•Information from family/friends

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: **01/11/2022****Preliminary Law Enforcement Incident Report**