

COMPLAINT - SUMMONS

COMPLAINT NUMBER

0308**S****2022****000008**

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 #:
202201108COMPLAINANT
NAME:

P/O S

BARBUTO

900 MANOR RD

CINNAMINSON**NJ 08077****THE STATE OF NEW JERSEY****VS.****STEPHEN PRATT**

ADDRESS:

3012 MERRIMAC ROAD**CAMDEN****NJ 08105-0000**

DEFENDANT INFORMATION

SEX: M EYE COLOR: BROWN

DOB: [REDACTED]

DRIVER'S LIC. #: [REDACTED]

DL STATE: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

SBI #: [REDACTED]

TELEPHONE #: ()

LIVESCAN PCN #: 030802003284

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 **01/16/2022** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE ACT OF SHOPLIFTING BY PURPOSELY TAKING POSSESSION OR CONCEALING ON HIS PERSON, MERCHANDISE SPECIFICALLY DESCRIBED AS, A BOTTLE OF LIQUOR VALUED AT \$59.99, DISPLAYED, HELD STORED OR OFFERED FOR SALE BY THE SHOP RITE, WITH THE INTENT TO DEPRIVE OWNER THEREOF. IN VIOLATION OF N.J.S. 2C:20-11B(2)

THIS BEING A DISORDERLY PERSONS OFFENSE

in violation of:

Original Charge	1) 2C:20-11B(2)	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: _____ P/O S BARBUTO Date: **01/16/2022**

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Municipal Court in 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: **01/16/2022** Appearance Date: **02/07/2022** Time: **10:00AM** Phone: **856-829-4027**

Signature of Person Issuing Summons: _____ P/O S BARBUTO Date: **01/16/2022**

☐ 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.**STEPHEN PRATT****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:**02/07/2022**☐ 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:20-11B(2)**

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

JUDGE'S SIGNATURE _____

DATE _____

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RETURN OF SERVICE INFORMATION

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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 #:

202201108

COMPLAINANT P/O S

BARBUTO

NAME:

900 MANOR RD**CINNAMINSON****NJ 08077****THE STATE OF NEW JERSEY****VS.****STEPHEN PRATT**

ADDRESS:

3012 MERRIMAC ROAD**CAMDEN****NJ 08105-0000**

DEFENDANT INFORMATION

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

DOB: [REDACTED]

DRIVER'S LIC. #: [REDACTED]

DL STATE: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

SBI #: [REDACTED]

TELEPHONE #: ()

LIVSCAN PCN #: **030802003284**

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 **01/16/2022** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE ACT OF SHOPLIFTING BY PURPOSELY TAKING POSSESSION OR CONCEALING ON HIS PERSON, MERCHANDISE SPECIFICALLY DESCRIBED AS, A BOTTLE OF LIQUOR VALUED AT \$59.99, DISPLAYED, HELD STORED OR OFFERED FOR SALE BY THE SHOP RITE, WITH THE INTENT TO DEPRIVE OWNER THEREOF. IN VIOLATION OF N.J.S. 2C:20-11B(2)

THIS BEING A DISORDERLY PERSONS OFFENSE

in violation of:

Original Charge

1) **2C:20-11B(2)**

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: **P/O S BARBUTO CINNAMINSON POLICE DEPT**

Name, Title and Department of Officer

Date of Action: **01/16/2022****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 #:

202201108

COMPLAINANT P/O S

BARBUTO

NAME:

900 MANOR RD

CINNAMINSON

NJ 08077

*THE STATE OF NEW JERSEY**VS.*

STEPHEN PRATT

ADDRESS:

3012 MERRIMAC ROAD

CAMDEN

NJ 08105-0000

DEFENDANT INFORMATION

SEX: M EYE COLOR: BROWN

DOB: [REDACTED]

DRIVER'S LIC. #:

DL STATE: PA

SOCIAL SECURITY #:

SBI #: [REDACTED]

TELEPHONE #:

()

LIVESCAN PCN #: 030802003284

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:

SUBJECT CONCEALED A BOTTLE OF LIQOUR ON HIS PERSON THAT WAS CONFRONTED BY LOSS PREVENTION AT WHICH POINT HE TURNED OVER THE BOTTLE OF ALCOHOL AND FLED ON FOOT. SUBJECT WAS LATER STOPPED IN AREA OF CINNAMINSON AVE. AND TAKEN INTO CUSTODY.

Affidavit of Probable Cause

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1/1/2017

Affidavit of Probable Cause

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THE STATE OF NEW JERSEY

VS.

STEPHEN PRATT

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: P/O S BARBUTO LAW ENFORCEMENT OFFICER

Date: 01/16/2022

Affidavit of Probable Cause

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1/1/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER

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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 #:

202201108

COMPLAINANT P/O S

BARBUTO

NAME:

900 MANOR RD**CINNAMINSON****NJ 08077***THE STATE OF NEW JERSEY**VS.***STEPHEN PRATT**

ADDRESS:

3012 MERRIMAC ROAD**CAMDEN****NJ 08105-0000**

DEFENDANT INFORMATION

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

DOB: [REDACTED]

DL STATE: [REDACTED]

DRIVER'S LIC. #: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

SBI #: [REDACTED]

TELEPHONE #: [REDACTED]

LIVESCAN PCN #: **030802003284**

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.

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: _____

Preliminary Law Enforcement Incident Report**Page 7 of 7**