



Municipal Court Order _____

Judgment of Conviction Change of Judgment Suspension of Proceedings

State of New Jersey
vs.

Defendant

Court Code: _____
County: _____
Complaint Number: _____
Docket Number: _____

Whereas, on ___ / ___ / ___ the above named pled guilty to; was convicted of; was granted suspended proceedings for violating the provisions of _____, _____, _____, _____, it is **Ordered** that, commencing on ___ / ___ / ___, the defendant:

- Be placed/continued on Probation** for _____ months _____ years and comply with the standard conditions of probation pursuant to R. 3:21-7 of the Court Rules Governing Criminal Practice;
- Be placed/continued on Conditional Discharge** for _____ months _____ years (*N.J.S.A. 2C:36A-1*);
- Perform Community Service** for _____ days _____ hours to be performed under the direction and supervision of the _____ County Probation Division;
- Serve a Jail sentence** of _____
Jail Time Credit _____
 Work Release recommended
 SLAP recommended;
- Complete an out-patient/residential Treatment program** at _____, to be arranged by Probation by defendant;
- Be placed/continued on Conditional Dismissal** for _____ months. (*N.J.S.A. 2C:43-13.1 et seq.*)
- The Defendant's driving privileges are revoked** for _____ months _____ years;
- Comply with the following Additional Conditions** of Probation / Conditional Discharge / Conditional Dismissal:

Pay the following:

Specify fee/fine	Amount	Pay to ✓			Paid at Sentencing
		Prob	Court	*Other	
VCCO	\$				\$
SNSF	\$				\$
Fine	\$				\$
Costs	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
Total	\$				\$

*Other (Please identify creditor): _____

Total Remaining Financial Obligation: \$ _____
pay in installments of \$ _____ per _____

- Restitution Beneficiaries**
- Name: _____
Address: _____
Amount: \$ _____
 - Name: _____
Address: _____
Amount: \$ _____

The following creditor list must be completed prior to filing with the Superior Court Clerk:

Creditor	Amount	Creditor	Amount	Creditor	Amount
1.	\$	3.	\$	5.	\$
2.	\$	4.	\$	6.	\$

Judge (name): _____ Judge (signature): _____ Date: ___ / ___ / ___

Failure to comply with this Order may be cause for returning this case to court, which may result in additional penalties, including a period of incarceration.

Receipt of this Order is acknowledged:
Defendant Signature: _____ Date: ___ / ___ / ___

Attachments: Complaint PSR Other (specify): _____

Defendant Information: Name _____
 Address: _____ Telephone Number: _____
 Date of Birth: ___ / ___ / ___ Social Security Number: _____ DL Number: _____ Eye Color: _____
 Employer: _____
 Other Contact Person: _____ Contact's Telephone Number: _____



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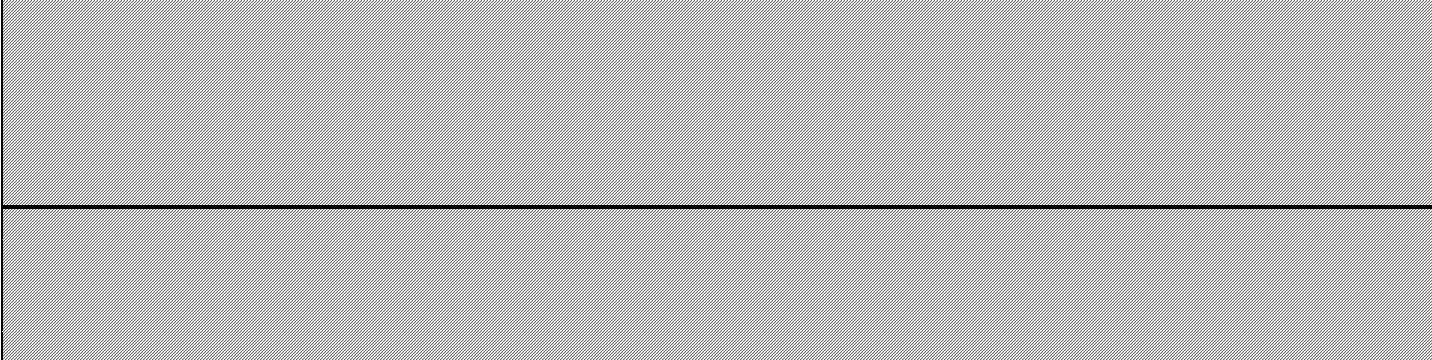
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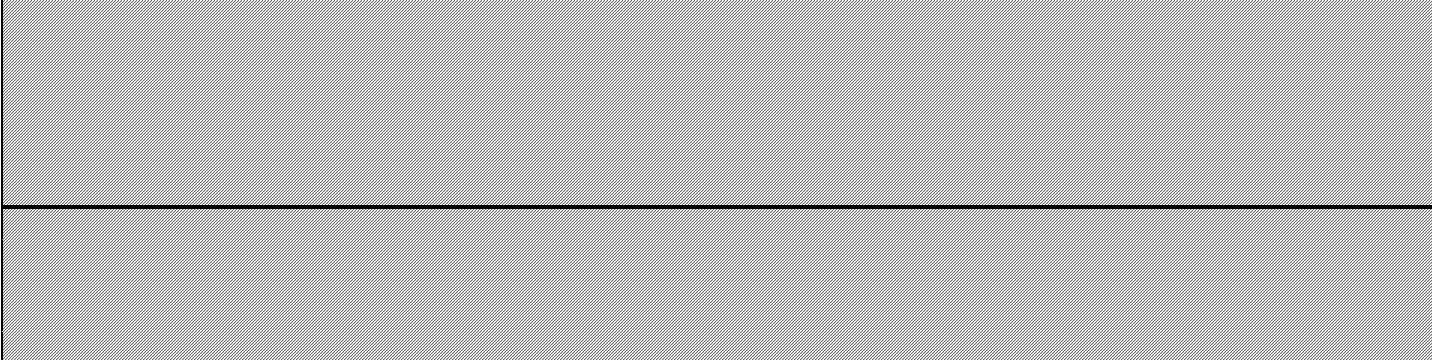
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