	□ ludament	<b>Muni</b> of Conviction	icipal Court Orde	er	mont		Sugn	noior	of D	rocodingo		
3.33		ate of New J		Court Code:								
		VS.			County:							
		Defendant		Complaint Number:  Docket Number:								
					I.	_						
			amed □ pled guilty to of, the defenda									
	Be placed/continue			☐ Pay								
	months years	and comply	with the standard			, , , , , , , , , , , , , , , , , , ,	F	ay to	<b>√</b>			
	conditions of probat					Amount			*Other	Paid at Sentencing		
	Court Rules Govern	-		Specify fee/			1 100	Court	Outlot	_		
Ш	Be placed/continue for months			VCCO	\$					\$		
	Perform Communi	-	·	Fine	\$					\$		
Ш	hours to be pe			Costs	\$					\$		
	and supervision of the				\$					\$		
	Probation Division;				\$	,				\$		
	Serve a Jail senter	nce of			\$					\$		
	Jail Time Credit				\$					\$		
	☐ Work Rele		ended		\$					\$		
		ommended;			\$					\$		
	Complete an out-p program at	atient/reside	entiai i reatment	Total	\$					\$ <b>\$</b>		
	to be arranged $\square$ k	y Probation	by defendant;	Total						<u> </u>		
	Be placed/continue	-		*Other (Please identify creditor):								
	for months. (/	<i>V.J.S.A.</i> 2C:4	3-13.1 et seq.)	Total Remaining Financial Obligation: \$								
	The Defendant's defor months		eges are revoked	pay in insta	allments	of \$		pe	r			
	Comply with the fo	-	ditional Conditions	Restitutio	n Benefi	ciaries						
Ш	of Probation / Condi			1. Name:								
	Dismissal:		J	Addres	ss:							
				Amount: \$								
				2. Name:								
				Addres								
				Amour	nt: \$			_				
The f			t be completed p			th the Su			ourt	_		
1	Creditor	\$	Creditor 3.	\$	Amount	5.	Credi	tor		\$ Amount		
2.		\$	4.	\$		6.				\$		
	(name):							Da	ate: _	/ /		
Failur	e to comply with thi	s Order ma	y be cause for retur	ning this c	ase to c	ourt, whic	h may	/ res	ult in	additional		
	ies, including a per			J		,	•					
Receip	ot of this Order is ack	nowledged:										
	dant Signature:							-	-	/ /		
			☐ Other (specify):									
		ame										
Addres	s:		Number:			_ Telep				Color:		
Employ									_			
Other C	Contact Person:		Other Contact Person: Contact's Telephone Number:									

	□ ludament	<b>Muni</b> of Conviction	icipal Court Orde	er	mont		Sugn	noior	of D	rocodingo		
3.33		ate of New J		Court Code:								
		VS.			County:							
		Defendant		Complaint Number:  Docket Number:								
					I.	_						
			amed □ pled guilty to of, the defenda									
	Be placed/continue			☐ Pay								
	months years	and comply	with the standard			, , , , , , , , , , , , , , , , , , ,	F	ay to	<b>√</b>			
	conditions of probat					Amount			*Other	Paid at Sentencing		
	Court Rules Govern	-		Specify fee/			1 100	Court	Outlot	_		
Ш	Be placed/continue for months			VCCO	\$					\$		
	Perform Communi	-	·	Fine	\$					\$		
Ш	hours to be pe			Costs	\$					\$		
	and supervision of the				\$					\$		
	Probation Division;				\$	,				\$		
	Serve a Jail senter	nce of			\$					\$		
	Jail Time Credit				\$					\$		
	☐ Work Rele		ended		\$					\$		
		ommended;			\$					\$		
	Complete an out-p program at	atient/reside	entiai i reatment	Total	\$					\$ <b>\$</b>		
	to be arranged $\square$ k	y Probation	by defendant;	Total						<u> </u>		
	Be placed/continue	-		*Other (Please identify creditor):								
	for months. (/	<i>V.J.S.A.</i> 2C:4	3-13.1 et seq.)	Total Remaining Financial Obligation: \$								
	The Defendant's defor months		eges are revoked	pay in insta	allments	of \$		pe	r			
	Comply with the fo	-	ditional Conditions	Restitutio	n Benefi	ciaries						
Ш	of Probation / Condi			1. Name:								
	Dismissal:		J	Addres	ss:							
				Amount: \$								
				2. Name:								
				Addres								
				Amour	nt: \$			_				
The f			t be completed p			th the Su			ourt	_		
1	Creditor	\$	Creditor 3.	\$	Amount	5.	Credi	tor		\$ Amount		
2.		\$	4.	\$		6.				\$		
	(name):							Da	ate: _	/ /		
Failur	e to comply with thi	s Order ma	y be cause for retur	ning this c	ase to c	ourt, whic	h may	/ res	ult in	additional		
	ies, including a per			J		,	•					
Receip	ot of this Order is ack	nowledged:										
	dant Signature:							-	-	/ /		
			☐ Other (specify):									
		ame										
Addres	s:		Number:			_ Telep				Color:		
Employ									_			
Other C	Contact Person:		Other Contact Person: Contact's Telephone Number:									

Revised: 01/2014, CN: 11759

	□ ludamant		cipal Court Orde					<del></del> .		of D		_
100.000		of Conviction		nge (	or Juag	ment					oceedings	3
	Sta	ate of New J	ersey	Court Code:								
		VS.		Compleint Number:								
		Defendant		Complaint Number: Docket Number:								
						1	_					_
where proceed it is Or	eas, on/_/ edings for violating the rdered that, commen	the above nate provisions incing on/	amed □ pled guilty t of, the defenda	o; _, ant:	was c	onvicted	of; □ was ·	grant	ed su ,	ispen	beb 	,
	Be placed/continue					the follo						
	months years and comply with the standard conditions of probation pursuant to <i>R</i> . 3:21-7 of the Court Rules Governing Criminal Practice;						Amount Pay to ✓ Prob Court *Other				Paid at Sentencin	
	Be placed/continue	•			cify fee/f	fine \$					\$	
Ш	for months				NSF	\$					\$	
П	Perform Communi		•		ne	\$					\$	
Ш			der the direction		osts	\$					\$	
	and supervision of the	he	County			\$					\$	
	Probation Division;					\$					\$	
	Serve a Jail senter					\$					\$	
	Jail Time Credit					\$					\$	
	☐ Work Rele		ended			\$					\$	
	SLAP reco	· · · · · · · · · · · · · · · · · · ·	outial Tractment			\$					\$	
	Complete an out-p program at	atient/reside	entiai Treatment		otal	\$ <b>\$</b>					\$ <b>\$</b>	
	to be arranged \[ \]	y Probation	by defendant;			1.					Ψ	
	Be placed/continue for months. (/			*Other (Please identify creditor):  Total Remaining Financial Obligation: \$ pay in installments of \$ per								
	The Defendant's defor months	riving privile	* *									
	Comply with the form of Probation / Condition Dismissal:		1. Name:Address:Amount: \$									
	-			2. Name:Address:								
				Amount: \$								
TI 1	allander are 12		. ha ac				م داد ما		<u>-</u>		Ola al	
i ne t	ollowing credito	Amount	t be completed p Creditor	orio		Ing With	in the St	iperi Credi		ourt	Amou	ınt
1.		\$	3.		\$		5.	0.00.			\$	
2.		\$	4.		\$		6.				\$	
ludae	(name):		Judge (signatui	۰۵).					Ds	ate:	/ /	

Revised: 01/2014, CN: 11759 Yellow: Superior Court Clerk

			cipal Court Ord									
		of Conviction		nge d	of Juag	ment					oceeding	3
	Sta	ate of New J	ersey	Court Code:								
		VS.		Compleint Number								
		Defendant		Complaint Number: Docket Number:								
						1	_					_
Where proceed it is Or	eas, on/_/ edings for violating the rdered that, commen	the above na e provisions cing on/	amed □ pled guilty t of, the defenda	o; _, ant:	was c	onvicted	of; □ was ,	grant	ed su ,	ıspen	bet 	,
	Be placed/continue	ed on Proba	tion for			the follo						
	months years and comply with the standard conditions of probation pursuant to <i>R</i> . 3:21-7 of the Court Rules Governing Criminal Practice;						Amount Prob Court *Oth				Paid at Sentencir	
	Be placed/continue	•			cify fee/f	ine \$					\$	
ш	for months				NSF	\$		+			\$	
	Perform Communi		•		ne	\$		+			\$	
			ler the direction	_	osts	\$					\$	
	and supervision of the	he	County			\$					\$	
	Probation Division;					\$					\$	
	Serve a Jail senten					\$					\$	
	Jail Time Credit					\$					\$	
	☐ Work Rele		ended			\$					\$	
	SLAP reco	· · · · · · · · · · · · · · · · · · ·	outial Transfers and			\$					\$	
	Complete an out-p program at	atient/reside	entiai i reatment	т.	4-1	\$					\$ <b>\$</b>	
	to be arranged $\square$ b	y Probation	by defendant;		otal						<u> </u>	
	Be placed/continue for months. (/	ed on Condi	tional Dismissal	*Other (Please identify creditor):  Total Remaining Financial Obligation: \$								
	The Defendant's di	riving privile	• •	pay in installments of \$ per								
	Comply with the fo of Probation / Condi Dismissal:	ollowing Add										
				2. Name:								
	-			Address:								
					Amour	nt: \$						
The f	ollowing credito	r list mus	t be completed i	rior	to fil	lina wit	th the Su	uperi	or C	ourt	Clerk:	
	Creditor	Amount	Creditor		P	Mount		Credi			Amou	ınt
1.		\$	3.		\$		5.				\$	
2.		\$	4.		\$		6.				\$	
Judge	(name):		Judge (signatu	e):					Da	ate:	/ /	

	Municipal Court Ord	er								
	☐ Judgment of Conviction ☐ Cha	nge of Judg	ment		Suspens	ion of Pr	roceedings			
	State of New Jersey			Code:						
	VS.		County	/:						
	Defendant	Complaint Number: Docket Number:								
Whore	eas, on/ / the above named \_ pled guilty t	o: □ woo o	1							
	edings for violating the provisions of, the defendance that, commencing on/, the defendance									
	Be placed/continued on Probation for	☐ Pay	the follo	owing:						
	months years and comply with the standard conditions of probation pursuant to <i>R</i> . 3:21-7 of the Court Rules Governing Criminal Practice;	Specify fee/	fino	Amount		to ✓	Paid at Sentencing			
	Be placed/continued on Conditional Discharge	VCCO	ille	<b>B</b>			\$			
	for months years ( <i>N.J.S.A.</i> 2C:36A-1);	SNSF	9	\$			\$			
	Perform Community Service for days	Fine	9				\$			
	hours to be performed under the direction and supervision of the County	Costs	9				\$			
	Probation Division;		9			_	\$			
	Serve a Jail sentence of		9				\$			
	Jail Time Credit						\$			
	<ul><li>☐ Work Release recommended</li><li>☐ SLAP recommended;</li></ul>		9				\$			
	Complete an out-patient/residential Treatment		9				\$			
	program at	Total	\$				\$			
	to be arranged  by Probation  by defendant;  Be placed/continued on Conditional Dismissal	*Other (Ple	ease iden	tify creditor):						
Ш	for months. ( <i>N.J.S.A.</i> 2C:43-13.1 <i>et seq.</i> )	Total Rem	aining F	Financial C	hligatio	n· \$				
	The Defendant's driving privileges are revoked	pay in installments of \$ per								
	for months years;	Restitution Beneficiaries								
	Comply with the following Additional Conditions of Probation / Conditional Discharge / Conditional									
	Dismissal:	Address:								
		Amour								
		<ol><li>Name: Addres</li></ol>								
		Addres								
	-		··· • —							
Judge	(name): Judge (signatu	re):				Date: _	/ /			
Failur penalt	e to comply with this Order may be cause for retur ties, including a period of incarceration.	ning this c	ase to c	ourt, whic	h may r	esult in	additional			
Receip	ot of this Order is acknowledged:									
Defen	dant Signature:					Date: _	/ /			
Attach	ments:  Complaint PSR Other (specify):					_				
Defen	dant Information: Name									
Addres		DI N	mhor	Telep	hone Nur		Color			
	f Birth:/ / Social Security Number: /er:	DL NU	mber:			Eye	e Color:			
	Contact Person:		Cor	ntact's Telepl	hone Nur	nber:				

Revised: 01/2014, CN: 11759 **Gold:** Defendant