

COURT I.D.

PREFIX

TICKET / COMPLAINT NO.

0103

BRIGANTINE MUNICIPAL COURT

1417 W. Brigantine Avenue

Brigantine, NJ 08203

PLEA BY MAIL (R. 7:12-3 and R. 7:6-3)

Charge: _____ NOTE: This form may only be used to enter a plea for one charge, i.e., one charge per form.
 Please complete all sections of this form and return it to the court by _____. If you fail to return the enclosed
 form by the date listed, you may be required to personally appear in court to resolve your case.

State of New Jersey

vs.

Defendant's Name: _____

FIRST

M.I.

LAST

Defendant's

Address: _____

STREET ADDRESS

Defendant's

Phone #: _____

CITY

STATE

ZIP

Section 1: Reason for Hardship

I am the defendant in this case and certify that it would be an undue hardship for me to come to court for the following reason(s):

(Continue on the back of this form, or use additional sheets, if necessary. You must date and sign each additional sheet.)

Section 2: Advice and Plea Instructions

This form may only be used to plead not guilty or guilty in traffic or parking cases or guilty in non-traffic cases.

I have been fully informed of my right to a reasonable postponement. I give up my right to have an attorney, to apply for a public defender, and to remain silent. I also give up my right to be present at the trial and to cross-examine any witnesses.

I understand that if I plead guilty or the judge finds me guilty for an offense, other than parking, a record of the conviction may be sent to the New Jersey Motor Vehicle Commission and, if my license was not issued by New Jersey, to the motor vehicle agency of the state that issued my driver's license.

I understand that the judgment of the court will be sent to me by ordinary mail at the above address and that if I plead guilty or am found guilty, I must pay all fines, penalties and costs imposed by the court. If I plead not guilty and I am found guilty or if I disagree with the sentence, I may appeal my case or I may appeal the sentence within 20 days of the date of the decision or sentence. Information on how to appeal the municipal court's decision may be obtained from the municipal court or the Judiciary's website at www.njcourtsonline.com.

If I plead "Not Guilty," the judge will hear the testimony of the complaining witness or other witnesses, review the facts I present below in my defense, and decide the case based on the testimony and facts presented.

If I plead "Guilty," the judge will consider the facts I present below to explain what happened before imposing any penalty against me.

Before determining the penalty, the judge may consider comments from the complaining witness, other witnesses or from the prosecutor.

Section 3: Plea

FOR TRAFFIC OR PARKING CASES ONLY (please check one):

- ☐ I plead "Not Guilty" to the above charge
☐ I plead "Guilty" to the above charge

FOR NON-TRAFFIC CASES ONLY (please check):

- ☐ I plead "Guilty" to the above charge

I present the following facts in defense or explanation:

(Continue on the back of this form, or use additional sheets, if necessary. You must date and sign each additional sheet.)

Section 4: Certification

I have read and acknowledged the above. I agree and certify that the foregoing statements made by me are true.
 I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Date

Defendant's Signature



New Jersey Judiciary Records Request Form

Request Date

Preferred Delivery

- ☐ Pick Up
☐ US Mail
☐ On Site Inspection
☐ Fax
☐ Email

Request Needed By

Part A: Requestor Identification

Last Name		First Name		Middle Initial
Address			Daytime Telephone (Include area code) ext.	
City	State	Zip Code	Fax/Email (optional)	

Part B: Records Request Processing Location

Please select one of the locations below to process your records request.

- | | | |
|--|--|--|
| County _____ | <input type="checkbox"/> Appellate Division Clerk's Office | <input type="checkbox"/> Office of the Administrative Director |
| Division _____ | <input type="checkbox"/> Supreme Court Clerk's Office | <input type="checkbox"/> Municipal Court _____ |
| <input type="checkbox"/> Superior Court Clerk's Office | <input type="checkbox"/> Tax Court Clerk's Office | <input type="checkbox"/> Other _____ |

Part C: Case Identification

Case Name			Docket/Complaint/Ticket Number*	
*In Criminal and Municipal Cases, if you do not know the docket number, please provide Defendant's information: Defendant Name and alias(es), if any			Defendant Birth Date	Last 4 digits of Defendant's Social Security Number
Indictment/Arrest Date	Indictment/Accusation/ Complaint/Municipal Number	Appeal Number	Sentencing Date	Name of Sentencing Judge

Part D: Records Requested by Division

Please describe records requested as completely as possible. Include any case numbers, dates and names of individuals involved. Attach additional pages if necessary.

Part E: Copy Fees

Copy Fees: 5¢ per page letter size 7¢ per page legal size	Special Copy Requests - Additional fees will be charged <input type="checkbox"/> Seal only <input type="checkbox"/> Certified with Seal	<input type="checkbox"/> Certified without Seal <input type="checkbox"/> Exemplified (includes Seal)	Are you a named party or attorney in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No
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For Judiciary Use Only

Disposition <input type="checkbox"/> Delivered <input type="checkbox"/> Denied <input type="checkbox"/> Unavailable	Disposition Date
If request is denied or records are unavailable, explain here. Attach additional pages if necessary.	

For Tax Court Records return this form to: txtcrecords.mailbox@njcourts.govFor all other requests return this form to: SCCO.Mailbox@njcourts.gov