

COURT I.D.	PREFIX	TICKET NUMBER	HAMILTON TOWNSHIP MUNICIPAL COURT 6101 Thirteenth Street Mays Landing, NJ 08330	
0112		205277	COMPLAINT-SUMMONS 11-74166	
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED.				
Driver's License No. [REDACTED] License				
THE UNDERSIGNED CERTIFIES THAT				
Name First Initial Last (Please Print) Jason D Ware				
Address [REDACTED] Telephone				
Sex M Weight Restrictions				
DID UNLAWFULLY (PARK) (OPERATE) A				
Make of Vehicle	Year	Body Type	Color	<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Omnibus <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Out of Service
Nonda	11	Pop Up	Grey	
License State No.	State	Exp. Day		
Offense Date	Month	Day	Year	Time Hour (AM/PM)
	12	16	11	145 PM
LOCATION OF OFFENSE				
Municipality County Mun. Code (Offense)				
HAMILTON TOWNSHIP ATLANTIC 0112				
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)				
TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:				
<input type="checkbox"/> 3-4 Unregistered vehicle	<input type="checkbox"/> 7 4-85 Improper passing			
<input type="checkbox"/> 2 3-29 Failure to exhibit documents <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS	<input type="checkbox"/> 8 4-97 Careless driving			
<input type="checkbox"/> 3 3-33 Unclear plates	<input type="checkbox"/> 9 4-124 Failure to turn			
<input type="checkbox"/> 4 3-66 Maintenance of lamps	<input type="checkbox"/> 10 4-144 Failure to stop or yield			
<input type="checkbox"/> 5 3-76.2f Failure to wear seatbelt	<input type="checkbox"/> 11 8-1 Failure to inspect			
<input type="checkbox"/> 6 4-81 Failure to observe signal	<input type="checkbox"/> 12 8-4 Failure to make repairs			
<input checked="" type="checkbox"/> 13 4-96 Speeding _____ MPH in a _____ MPH zone				
IN EXCESS OF SPEED LIMIT BY:				
<input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH				
<input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone				
PARKING OFFENSE				
<input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double				
OTHER TRAFFIC/PARKING OFFENSE (Describe)				
DWH				
State No. 39:4-50			Ordinance/Code No.	
THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.				
Signature of Complainant Witness			Month	Day
[Signature]			12	16
			Year	11
			Officer's ID. No.	15
NOTICE TO APPEAR				
<input type="checkbox"/> COURT APPEARANCE REQUIRED				
COURT DATE Month Day Year Time Hour (AM/PM)				
12 21 11 9:00 PM				
<input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Death/Serious Bodily Injury				
CONDITIONS	AREA	<input type="checkbox"/> Business	<input type="checkbox"/> School	<input type="checkbox"/> Residential
	ROAD	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Snow
	TRAFFIC	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy
	VISIBILITY	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow
			<input type="checkbox"/> Fog	<input checked="" type="checkbox"/> Rural
				<input type="checkbox"/> Ice
Equipment	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Pace	<input type="checkbox"/> Speed Measurement Device	<input type="checkbox"/> E8TD
Equipment Operator's Name	Operator ID No.		Unit Code	

BENCH WARRANT BAIL INFORMATION

Failed to Appear Date: ___/___/___
Warrant Date: ___/___/___ Ordered by: _____
(Signature and title of person issuing warrant)
Bail Amount: \$ _____ Set by: _____
(Signature and title of person setting bail)
 Forfeited Return Reinstated Date: ___/___/___
(Signature of Judge)

FIRST APPEARANCE, ARRAIGNMENT & COUNSEL INFORMATION

First Appearance Date: ___/___/___ Arraignment Date: ___/___/___
 Advised of Rights: By _____
Defendant Desires Counsel: Yes No
Counsel assigned: Yes No _____
(If yes, name of counsel)
Counsel retained: Yes No _____
(If yes, name of counsel)
Counsel waived: Yes No _____
(If yes, name of Judge accepting waiver)
Name of Prosecuting Attorney: _____
Affiliation: Municipal County State Other (list) _____

MISCELLANEOUS INFORMATION

Additional information and Judge's Notes:

Adjournment Requested by:	Reason	To
		/ /
		/ /

See attached sheet for additional Judge's notes or other information

COURT ACTION

Complaint Amended to:
Plea: Guilty Not Guilty Date: 7/10/12
Finding: Guilty Guilty but Merged Not Guilty Date: 7/10/12
 If Guilty, Advised of Right to Appeal
 Dismissed -- Plea Agreement Dismissed -- Lack of Prosecution Dismissed -- False ID
 Dismissed -- Pros. Discretion Dismissed -- Rule Dismissed -- Other
Fine \$ _____ Costs \$ _____ Contempt \$ _____
VCCB \$ _____ DWI \$ _____ SNSF \$ _____
D.A.E.F. \$ _____ Other \$ _____ Total \$ _____

Period of D.L. Suspension: _____
IDRC: _____ Comm. Service: _____
Ignition Interlock _____ years OR Registration Suspension _____ years
Jail Term/Jail Credit: _____ Credit For: _____

Signature of Judge: _____ Date: 7/10/12

COURT ID.	PREFIX	TICKET NUMBER	HAMILTON TOWNSHIP MUNICIPAL COURT 6401 Thirteenth Street Days Landing, NJ 08330		
0112		205278	COMPLAINT-SUMMONS 11-44668		
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT ON THE OFFENSE LISTED:					
Driver's Lic. No.	[REDACTED]				
THE UNDERSIGNED CERTIFIES THAT					
Name	First	Initial	Last	(Please Print)	
Jason AD Pure					
Address	[REDACTED]				
Sex	Eye	Sox	Weight	Height	Restrictions
	le	ml			
DID UNLAWFULLY (PARK) (OPERATE) A					
Make of Vehicle	Year	Body	Type	<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Omnibus <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Out of Service	
Nada	11	Pop	Wagon		
Offense Date	Month	Day	Year	Time	Hour
	12	16	11	01:40	PM
LOCATION OF OFFENSE	CODE	DEPT	LOCALITY		
	C	0	AT 40/552		
Municipality	County	Mun. Code (Offense)			
HAMILTON TOWNSHIP	ATLANTIC	0112			
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)					
TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:					
<input type="checkbox"/> 3-4	Unregistered vehicle		<input type="checkbox"/> 4-85	Improper passing	
<input type="checkbox"/> 3-29	Failure to exhibit documents <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS		<input type="checkbox"/> 4-97	Careless driving	
<input type="checkbox"/> 3-33	Unclear plates		<input type="checkbox"/> 4-124	Failure to turn	
<input type="checkbox"/> 3-66	Maintenance of lamps		<input type="checkbox"/> 4-144	Failure to stop or yield	
<input type="checkbox"/> 3-76.2f	Failure to wear seatbelt		<input type="checkbox"/> 8-1	Failure to inspect	
<input type="checkbox"/> 4-81	Failure to observe signal		<input type="checkbox"/> 8-4	Failure to make repairs	
<input checked="" type="checkbox"/> 4-98	Speeding _____ MPH in a _____ MPH zone				
IN EXCESS OF SPEED LIMIT BY:					
<input type="checkbox"/> 1-9MPH	<input type="checkbox"/> 10-14MPH	<input type="checkbox"/> 15-19MPH	<input type="checkbox"/> 20-24MPH	<input type="checkbox"/> 25-29MPH	<input type="checkbox"/> 30-34MPH
<input type="checkbox"/> 65 MPH Zone	<input type="checkbox"/> Safe Corridor	<input type="checkbox"/> Construction Zone			
PARKING OFFENSE					
<input type="checkbox"/> Overtime Meter No.	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Double			
OTHER TRAFFIC/PARKING OFFENSE (Describe)					
Refuse					
Statute No.	Ordinance/Code No.				
39:4-50.2					
THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THE COURT CHARGING YOU WITH THAT OFFENSE.					
Signature of Complaining Witness	Month	Day	Year		
[Signature]	12	16	11		
Officer's ID. No.	15				
NOTICE TO APPEAR					
<input type="checkbox"/> COURT APPEARANCE REQUIRED	COURT DATE	Month	Day	Year	Time
		12	21	11	9:00 AM
<input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Death/Serious Bodily Injury					
CONDITIONS	AREA	<input type="checkbox"/> Business	<input type="checkbox"/> School	<input type="checkbox"/> Residential	<input checked="" type="checkbox"/> Rural
ROAD	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Snow	<input type="checkbox"/> Ice	
TRAFFIC	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy		
VISIBILITY	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Fog	
Equipment	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Pace	<input type="checkbox"/> Speed Measurement Device	<input type="checkbox"/> ESTD	
Equipment Operator's Name	Operator ID No.	Unit Code			

COMPLAINT-SUMMONS

UTT-1 10-17-05 (rev. 1/3/07)

BENCH WARRANT BAIL INFORMATION

Failed to Appear Date: / /
Warrant Date: / / Ordered by: _____
(Signature and title of person issuing warrant)
Bail Amount: \$ Set by: _____
(Signature and title of person setting bail)
 Forfeited Return Reinstated Date: / /
(Signature of Judge)

FIRST APPEARANCE, ARRAIGNMENT & COUNSEL INFORMATION

First Appearance Date: / / Arraignment Date: / /
 Advised of Rights: By _____
Defendant Desires Counsel: Yes No
Counsel assigned: Yes No _____
(If yes, name of counsel)
Counsel retained: Yes No _____
(If yes, name of counsel)
Counsel waived: Yes No _____
(If yes, name of Judge accepting waiver)
Name of Prosecuting Attorney: _____
Affiliation: Municipal County State Other (list) _____

MISCELLANEOUS INFORMATION

Additional information and Judge's Notes:

Adjournment Requested by:	Reason	To
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See attached sheet for additional Judge's notes or other information

COURT ACTION

Complaint Amended to: _____
Plea: Guilty Not Guilty Date: 7/10/12
Finding Date: 7/10/12
 Guilty Guilty but Merged Not Guilty
 If Guilty, Advised of Right to Appeal
 Dismissed -- Plea Agreement Dismissed -- Lack of Prosecution Dismissed -- False ID
 Dismissed -- Pros. Discretion Dismissed -- Rule Dismissed -- Other
Fine \$ _____ Costs \$ _____ Contempt \$ _____
VCCB \$ _____ DWI \$ _____ SNSF \$ _____
D.A.E.F. \$ _____ Other \$ _____ Total \$ _____
Period of D.L. Suspension: _____
IDRC: _____ Com. Service: _____
Ignition Interlock _____ years OR Registration Suspension _____ years
Jail Term/Jail Credit: _____ Credit For: _____
Signature of Judge: _____ Date: 7/10/12

COURT ID 0112	PREFIX [REDACTED]	TICKET NUMBER 205279	HAMILTON TOWNSHIP MUNICIPAL COURT 6101 Thirteenth Street Mays Landing, NJ 08330	
COMPLAINT-SUMMONS 11-44668 YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:				
Driver's Lic. No. [REDACTED]				
THE UNDERSIGNED CERTIFIES THAT				
Name: Jason R. Ware (Please Print)				
Address: [REDACTED] Telephone: [REDACTED]				
Eyes: [REDACTED] Sex: M Weight: [REDACTED] Height: [REDACTED] Restrictions: [REDACTED]				
DID UNLAWFULLY (PARK) (OPERATE) A				
Make of Vehicle: Porsche Year: 11 Body Type: 2-Door				
License Plate No.: [REDACTED] State: [REDACTED] Exp. Date: [REDACTED]				
Commercial Vehicle <input type="checkbox"/> Omnibus <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Out of Service <input type="checkbox"/>				
License Date: Month 12 Day 16 Year 11 Time: 4:45 PM				
LOCATION OF OFFENSE: ATWO/CR 552				
Municipality: HAMILTON TOWNSHIP County: ATLANTIC Mun. Code (Offense): 0112				
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)				
TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:				
<input checked="" type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing <input checked="" type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS <input type="checkbox"/> 4-124 Failure to turn <input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-144 Failure to stop or yield <input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect <input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs <input type="checkbox"/> 4-81 Failure to observe signal <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone				
IN EXCESS OF SPEED LIMIT BY: <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone				
PARKING OFFENSE <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double				
OTHER TRAFFIC/PARKING OFFENSE (Describe) Careless				
Statute No. 39:4-97 Ordinance/Code No.				
THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.				
Signature of Complaining Witness: [Signature] Officer's ID. No. 15				
NOTICE TO APPEAR				
<input type="checkbox"/> COURT APPEARANCE REQUIRED COURT DATE: Month 12 Day 21 Year 11 Time 9:00 PM				
<input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Death/Serious Bodily Injury				
CONDITIONS AREA: <input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Rural ROAD: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice TRAFFIC: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy VISIBILITY: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog				
Equipment: <input type="checkbox"/> Helicopter <input type="checkbox"/> Pace <input type="checkbox"/> Speed Measurement Device <input type="checkbox"/> EBTD				
Equipment Operator's Name: _____ Operator ID No. _____ Unit Code _____				

BENCH WARRANT BAIL INFORMATION

Failed to Appear Date: ___/___/___
 Warrant Date: ___/___/___ Ordered by: _____
(Signature and title of person issuing warrant)
 Bail Amount: \$ _____ Set by: _____
(Signature and title of person setting bail)
 Forfeited Return Reinstated Date: ___/___/___

(Signature of Judge)

FIRST APPEARANCE, ARRAIGNMENT & COUNSEL INFORMATION

First Appearance Date: ___/___/___ Arraignment Date: ___/___/___
 Advised of Rights: By _____
 Defendant Desires Counsel: Yes No
 Counsel assigned: Yes No _____
(If yes, name of counsel)
 Counsel retained: Yes No _____
(If yes, name of counsel)
 Counsel waived: Yes No _____
(If yes, name of Judge accepting waiver)
 Name of Prosecuting Attorney: _____
 Affiliation: Municipal County State Other (list) _____

MISCELLANEOUS INFORMATION

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Adjournment Requested by:	Reason	To
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See attached sheet for additional Judge's notes or other information

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 Dismissed - Pros. Discretion Dismissed - Rule Dismissed - Other
 Fine \$ _____ Costs \$ _____ Contempt \$ _____
 VCCB \$ _____ DWI \$ _____ SNSF \$ _____
 D.A.E.F. \$ _____ Other \$ _____ Total \$ _____
 Period of D.L. Suspension: _____
 IDRC: _____ Comm. Service: _____
 Ignition Interlock _____ years OR Registration Suspension _____ years
 Jail Term/Jail Credit: _____ Credit For: _____
 Signature of Judge: _____ Date: 7/10/12