



# COMPLAINT – SUMMONS (Court Action)

<b>COMPLAINT NUMBER</b>				<b>STATE V.</b>	<b>TIMOTHY BROWNING</b>
<b>1507</b>	<b>S</b>	<b>2013</b>	<b>000011</b>		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		

<b>FTA Bail Information</b>				Date Bail Set: _____	Amount Bail Set: \$ _____ by: _____	<input type="checkbox"/> Bail Recog. Attached
Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed: _____		Date Referred to County Prosecutor: _____
Date of First Appearance: <b>02-04-2013</b>		<input type="checkbox"/> Advised of Rights by _____			Defendant Desires Counsel: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Prosecuting Attorney Information</b>				<b>Defense Counsel Information</b>					
<b>Name:</b>				<b>Name:</b>					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

Original Charge	1) <b>2C:12-1B(7)</b>	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: _____ DAEP: _____	CD: _____ DAEP: _____	CD: _____ DAEP: _____
DV Surch/Other Fees	DV: _____ Other: _____	DV: _____ Other: _____	DV: _____ Other: _____
Restitution Beneficiary: _____			

<b>Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:</b>  	<b>* Finding Codes</b> 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
--	---

JUDGE'S SIGNATURE _____ DATE _____	<b>ORIGINAL – Court Action</b> Page 2 of 7 NJ/CDR1 8/1/2005
------------------------------------	--

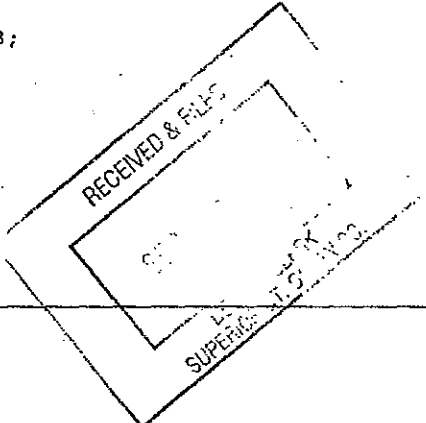
*Parler*



### PRETRIAL INTERVENTION

PIC 8/08/2013

### ORDER OF POSTPONEMENT

STATE OF NEW JERSEY		<input checked="" type="radio"/> 1st ORDER	
VS.		<input type="radio"/> 2nd ORDER	
TIMOTHY BROWNING		<input type="radio"/> 3rd ORDER	
ADDRESS		ZIP	
900 BARNEGAT BLVD		BARNEGAT NJ 08005	
COUNTY	PROMIS NUMBER(S)	CAPS ID NUMBER	
OCEAN	13 010053-001	PTI# 13-07-432	
IND / ACC / COMPLAINT NUMBER(S), CHARGES AND STATUTES			
S-2013-000011-1507			
1. AGG ASLT-BODILY INJURY, 2C:12-1B(7), DEG:3;			
			
RELATED DISORDERLY PERSONS AND MOTOR VEHICLE CHARGES			
<p>In accordance with the provisions of <u>N.J.S.A. 2C:43-12 &amp; 13 &amp; R. 3:28</u>, and upon the recommendation of the PTI Director and with the consent of the Prosecutor and defendant to the attached listed terms and conditions of the supervisory treatment, it is ORDERED that all further proceedings be and are postponed for a period of <u>18</u> months, beginning <u>9/3/13</u></p>			
DATE	JUDGE	<i>[Signature]</i>	
DATE	PROSECUTOR	<i>[Signature]</i>	
DATE	PTI DIRECTOR	<i>[Signature]</i>	
I consent to the conditions set forth in the standard and special conditions. I agree to a postponement of further proceedings for a period not to exceed three years. During this period I waive my right to a speedy trial on this or any related charges, including disorderly persons offenses and motor vehicle charges. In addition, I agree to waive any double jeopardy claim as to any remanded disorderly persons offenses and / or motor vehicle violations.			
DATE	DEFENDANT	<i>[Signature]</i>	
DATE	ATTORNEY	<i>[Signature]</i>	



# PRETRIAL INTERVENTION

## SPECIAL CONDITIONS OF PTI SUPERVISION

FIRST NAME TIMOTHY	MIDDLE NAME	LAST NAME BROWNING
-----------------------	-------------	-----------------------

PROMIS NUMBER(S) 13 010053-001	CAPS ID NUMBER
--------------------------------	----------------

<input checked="" type="checkbox"/> COMMUNITY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO HOURS: _____	DRIVER'S LICENSE SUSPENSION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LICENSE NUMBER	LENGTH OF SUSPENSION MONTHS
--	--	----------------	--------------------------------

RESTITUTION IN THE TOTAL AMOUNT OF: \$ <u>532.66</u>	PAYABLE THROUGH: <input type="checkbox"/> PROBATION <input type="checkbox"/> DIRECT PAY
--	---

PAYABLE TO:  
*Ocean County*  
*PO Box 2191*  
*Toms River NJ 08724*

DRUG / ALCOHOL TESTING AND / OR COUNSELING AS DIRECTED

MEDICAL / PSYCHOLOGICAL TESTS / EVALUATIONS AND / OR COUNSELING AS DIRECTED

<input checked="" type="checkbox"/> ENROLLMENT FEE (VCCA) N.J.S.A. 2C:43-3.1 (2)(d) \$50.00	<input type="checkbox"/> Drug Enforcement Demand Reduction Penalty N.J.S.A. 2C:35-15a \$ .00	<input type="checkbox"/> Drug Abuse Education (DAEF) Fund N.J.S.A. 2C:43-3.5 \$50.00
---	--	---

<input type="checkbox"/> FORENSIC LAB FEE N.J.S.A. 2C:35-20A. \$ .00	<input checked="" type="checkbox"/> Safe Neighborhoods Assessment N.J.S.A. 2C:43-3.2a(2) \$75.00	<input type="checkbox"/> Forfeit Weapons:
--	---	---

ADDITIONAL CONDITIONS OR COMMENTS  
*Def. agrees, as a condition of PTI, to resign his position as a corrections officer with the Ocean Cty. Dept. of Corrections and agrees not to seek future public employment in NJ.*

My financial obligations imposed by the court total \$ .00 ~~\$125.00~~ ~~\$657.66~~

I agree to pay \$ .00 today.  
 I agree to make payments at the rate of \$ .50 per month  
 I agree to pay the total amount forthwith.

I have received a copy of the Special Conditions of PTI Supervision which have been read and explained to me. I may request a copy of the official court order from my probation officer. I understand the conditions of PTI Supervision and that they apply to me, and I further understand that failure to comply on my part constitutes a violation of PTI Supervision and may cause my termination from the program and prosecution of the charges against me.

I understand that if the offenses for which I am being enrolled into PTI were committed on or after March 1995, I will be charged a fee each time I make a payment through probation.

No fee on payments of \$3.00 or less  
  \$1.00 fee on payments of \$3.01 to \$9.99  
  \$2.00 fee on payments of \$10.00 or more

You must report to \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

You must comply with all standard and special conditions of supervision imposed by the court.

DATE	DEFENDANT TIMOTHY BROWNING
DATE	PROBATION OFFICER JEFF BELL

*(ROM)*