

Municipal

Document Origination: <input checked="" type="checkbox"/> JAIL <input type="checkbox"/> SUPERIOR COURT <input type="checkbox"/> MUNICIPAL COURT <input type="checkbox"/> LAW ENFORCEMENT AGENCY	<b>NEW JERSEY BAIL RECOGNIZANCE</b> With Waiver of Extradition Court: Hunterdon County Superior Court Phone: (908) 237-5912 Address: Finance Division - Central Fee Office Hunterdon County Justice Center P.O. Box 1069, Flemington, NJ 08822	Bail Recognizance #: 10- 0014698 Receipt Number: 346137 CABS Number:
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<b>Case Information:</b>	COMPLAINT (CDR) #: W2015000027	PROMIS/GAVEL #:	INDICTMENT/ACC. #:
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CHARGE(S): 2C:28-4B(1) 2C:33-4C	WHERE OFFENSE OCCURRED MUNICIPALITY: Jointed Delval COUNTY: Hunterdon
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<b>Defendant Information:</b>  State of New Jersey vs. Romanowski, Edward Defendant	FIRST NAME Edward	MIDDLE INITIAL	LAST NAME Romanowski
	ADDRESS: 400 Township Rd PO Box 224		
	CITY: Oxford	STATE NJ	ZIP: 19363
	DATE OF BIRTH:	SOCIAL SECURITY #:	
	PHONE #:	STATE BUREAU OF IDENTIFICATION #:	
	APT. #:		

<b>Bail Information:</b>	AMOUNT OF BAIL SET: \$4000.00	BAIL TYPE: <input type="checkbox"/> ROR <input type="checkbox"/> 10% CASH <input checked="" type="checkbox"/> FULL CASH	DATE BAIL SET: 4/8/15	BAIL SET BY: Novak
	AMOUNT OF BAIL RECEIVED: \$4000.00	FILING FEE RECEIVED: \$ 0	TOTAL AMOUNT RECEIVED: \$4000.00	BAIL RECEIVED BY: Noriega
	PAYMENT TYPE: <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK # <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MONEY ORDER # <input type="checkbox"/> BOND			

SPECIAL CONDITIONS OF BAIL  
Contact Court

IF MORE THAN ONE SURETY/INSURER IS INVOLVED, COMPLETE A SEPARATE BAIL RECOGNIZANCE FOR EACH.

<b>Non-Corporate Surety Information:</b> (PERSON POSTING CASH BAIL)	<b>Corporate Surety/Bail Agent Information:</b>		
FIRST NAME Karen	MIDDLE INITIAL J	LAST NAME Gambrel	NAME OF INSURER (Corporate Surety Company) and NAIC number. Attach proof of authority with corporate seal affixed:
ADDRESS:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE #:	DRIVERS LIC. # OR OTHER FORM OF I.D.:		BAIL AGENT AND LICENSE #:
AS SURETY, I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS (SEE REVERSE) AND SPECIAL CONDITIONS OF THIS BAIL RECOGNIZANCE.			BAIL AGENCY AND LICENSE #:
DATE: 4/11/15 SIGNATURE: Karen Gambrel			POWER OF ATTORNEY #:
AS BAIL AGENT I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS (SEE REVERSE) AND SPECIAL CONDITIONS OF THIS BAIL RECOGNIZANCE.			EXPIRATION DATE:
DATE: _____ SIGNATURE: _____			

**Certification of Ownership for Cash Bail Deposited by Someone Other Than Defendant**

I, Karen Gambrel, am the lawful owner of the \$4000.00 deposited in lieu of bond on behalf of the defendant in the above entitled case. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date: 4/11/15 Signature: Karen Gambrel  
Date: \_\_\_\_\_ Signature of Lawful Owner of Cash Bail

**Defendant Agreement:**

I, the defendant, understand and agree that the owner of the bail posted in this case is Karen Gambrel. I also have read, understand, and agree to the Conditions (see reverse) AND Special Conditions of this Bail Recognizance. I further understand that I must appear at all scheduled court appearances.

Court Date: 4-8-15 5:15  
Court Time: 7:00 AM/PM Signature: \_\_\_\_\_ Date: 4.11.15

Date Bail Discharged: \_\_\_\_\_ Date Bail Forfeited: \_\_\_\_\_

Please Notify Court Of Disability Accommodation Needs