

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
1020	S	2015	000026
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
JOINT COURT OF DELAWARE VALLEY PO BOX 496 MILFORD NJ 08848 (908) 995-9100 COUNTY OF: HUNTERDON			
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 14-1367	
COMPLAINANT NAME: PTL. BENT 61 CHURCH RD ATTN WARRANTS MILFORD NJ 08848		DEFENDANT INFORMATION SEX: M EYE COLOR: HAZEL DOB: [REDACTED] DRIVER'S LIC. [REDACTED] DL STATE: [REDACTED] SOCIAL SECURITY [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED]	

THE STATE OF NEW JERSEY
VS.

EDWARD F ROMANOWSKI

ADDRESS: 400 TOWNSHIP ROAD
OXFORD PA 19363

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 12-22-2014 in HOLLAND, HUNTERDON County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, REPORT OR CAUSE TO BE REPORTED TO LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH OFFENSE OR INCIDENT DID NOT OCCUR, A CRIME OF A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:28-4B(1)	2)	3)
Amended Charge			

OATH:
Subscribed and sworn to me this _____ day of _____, yr _____
Signed: _____
(Signature of Complaining Witness)
Signed: _____
(Signature of Person Administering Oath and Title)

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 05-05-2015 **TIME:** 7:00pm _____
Signature of Person Issuing Summons Date

<input type="checkbox"/> Domestic Violence – Confidential	<input type="checkbox"/> Related Traffic Tickets or Other Complaints	<input type="checkbox"/> Serious Personal Injury/ Death Involved
Special conditions of release: <input type="checkbox"/> No phone, mail or other personal contact w/victim <input type="checkbox"/> No possession firearms/weapons <input type="checkbox"/> Other (specify):		ORIGINAL
		Page 1 of 7 NJ/CDR1 8/1/2005

REC'D APR 21 2015

REQUEST TO DISMISS OR VOID COMPLAINT

ALL DISMISSALS AND VOIDS TO BE PLACED ON THE RECORD IN OPEN COURT, PER DIRECTIVE #02-08

Joint Municipal Court of the Townships of Alexandria & Holland
The Boroughs of Milford and Frenchtown

FORM TO BE DISMISSED OR VOIDED:

- Uniform Traffic Ticket # _____
- Special Form of Complaint # _____
- CDR # _____

CHECK ONE BOX ONLY:

DISMISSAL REQUEST: The undersigned has issued the above referenced ticket or complaint and requests that the ticket or complaint be **DISMISSED** because:

VOID REQUEST: The undersigned states that the above ticket or complaint was spoiled, not completed or lost and requests that it be **VOIDED** because:

Replacement ticket/complaint number(s), if any:

CERTIFICATION:

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 of Request Signature & Badge # of Officer/Requestor

OFFICER SUPERVISOR REVIEW:

I have reviewed and approved the above request to dismiss or void the above complaint.

Date of Review Signature of Police Chief (or Supervisor)

REVIEW REQUEST TO DISMISS BY MUNICIPAL PROSECUTOR:

DISMISSAL RECOMMENDED

Date Municipal Court Prosecutor

- (1) All copies of the Uniform Traffic Ticket/Special Form of Complaint/CDR to be VOIDED MUST be attached to this request.
- (2) All copies (EXCEPT defendant copy) of the Uniform Traffic Ticket/Special Form of Complaint/CDR MUST be attached to the DISMISSAL request.
- (3) Officer may retain photocopy of request for police records.
- (4) Municipal Prosecutor may retain copy for prosecutor records.

4/16/15
TO: PTL BENT

I NEED ONE OF THESE FORMS
FILLED OUT ON 4/16/15 000026
ON ROMANOWSKI.

THANK YOU
BARBARA CMCA

REQUEST TO DISMISS OR VOID COMPLAINT

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The Boroughs of Milford and Frenchtown

FORM TO BE DISMISSED OR VOIDED:

Uniform Traffic Ticket # _____

Special Form of Complaint # _____

CDR # 52015-00026

CHECK ONE BOX ONLY:

DISMISSAL REQUEST: The undersigned has issued the above referenced ticket or complaint and requests that the ticket or complaint be DISMISSED because:

VOID REQUEST: The undersigned states that the above ticket or complaint was spoiled, not completed or lost and requests that it be VOIDED because:

Wrong form, supposed to be a warrant

Replacement ticket/complaint number(s), if any:

CERTIFICATION:

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.

4/16/15 AH. [Signature] #3
Date of Request Signature & Badge # of Officer/Requestor

OFFICER SUPERVISOR REVIEW:

I have reviewed and approved the above request to dismiss or void the above complaint.

4-17-15 [Signature]
Date of Review Signature of Police Chief (or Supervisor)

REVIEW REQUEST TO DISMISS BY MUNICIPAL PROSECUTOR:

DISMISSAL RECOMMENDED

5/6/15 [Signature]
Date Municipal Court Prosecutor

- (1) All copies of the Uniform Traffic Ticket/Special Form of Complaint/CDR to be VOIDED MUST be attached to this request.
- (2) All copies (EXCEPT defendant copy) of the Uniform Traffic Ticket/Special Form of Complaint/CDR MUST be attached to the DISMISSAL request.
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