## **Municipal Prosecutor Disclosure Statement**

This form is served across protected 256 bit SSL (Secure Socket Layer) connection that uses a SHA256 Certificate. This is the same level of protection used by online banking or ecommerce providers.

## **Section I. Personal Information** First Name: \* Middle: Last Name: \* **Suffix** New Jersey Attorney ID: \* Business Address: \* Street Address Street Address Line 2

City

Postal / Zip Code			
Bus. Phone No.:			
bus. Phone No.:	 ] _ [		
Area Code	] [ 	Phone Number	
Cell Phone No.:			
Cell Phone No	_		
Area Code		Phone Number	
Email address:	*		
Email address.			
example@example.o	com		
Spouso			
Spouse:			
First Name: *			
If you are unmarried Name fields.	, please	e enter N/A into the First Name an	id Last
Middle:			
Last Name: *			
Suffix			

Appointing Governi	ng Body: *		
Term of Current Ap	ppointment		
Begin Date: *			
mm/dd/yyyy			
Date			
End Date: *			
mm/dd/yyyy	U=U ###		
Date			
No  First Date of First T	erm of Service: *		
mm/dd/yyyy	U-U		
Date			
List All Terms of Se			

County Where Municipal Court is Located: \*

		<b>*</b>
ddress of Mur	nicipal Prosecutor's Office: *	
Street Address		
Street Address Lin	e 2	
City		
•		
Postal / Zip Code		
Municipal Pros	ecutor's Phone No.:	
Area Code	Phone Number	
Municipal Pros	ecutor email address: *	
example@example	.com	
	de la companya de la	
NO. OT MUNICIPA	al Prosecutors in this Court: *	
Are you the Chi	ef Municipal Prosecutor? *	
No No		
) 140		
Are you serving	ງ as a Municipal Prosecutor on an ac	ting, temporary, or substitute basis?
Yes		
No		

mm-dd-yyyy	
From Date	
mm-dd-yyyy	
To Date	
	al Prosecutor in other municipalities? If yes, list all municipalities in whi
you prosecute. *  Yes	
No	
Section III. Employ	yment Information
Do you currently ho	old another Local Government position? *
Yes No	
O INO	
Do you currently ho	old another State Government position? *
Do you currently ho	old another State Government position? *
Do you currently ho	old another State Government position? *
Do you currently ho	
Do you currently ho Yes No	

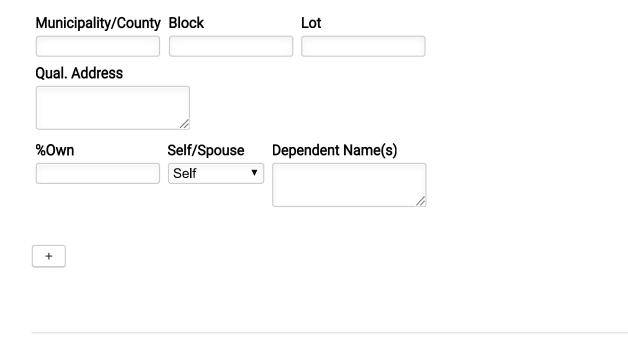
**Section IV. Financial Information** 

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided.

Self ▼	
st the name and address of each source of fees and honorariums hav Int exceeding \$250 received from any single source for personal app	_
eches, or writing. *	
me Address Self/Spouse Dependent Na	
Self ▼	Dependent Name(s)
	Dependent Name(s)
Sell	Dependent Name(s)
	Dependent Name(s)
Seil V	Dependent Name(s)
Sell	Dependent Name(s)
List the name and address of each source of gifts, reimbursements or	bursements or prepaid
List the name and address of each source of gifts, reimbursements or ing an aggregate value exceeding \$400 from any single source. *	bursements or prepaid e source. *
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E. List the address and a brief description of all real property in the State of New Jersey in

which an interest was held. \*



## **Section V. Certification & Online Filing Process**

I hereby certify that this Municipal Prosecutor Disclosure Statement contains no willful misstatement of fact or omission of material fact and constitutes a full disclosure with respect to all matters required by New Jersey Attorney General Directive 2019-7, to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.



I further certify that I intend my electronic signature on this statement to be the legally binding equivalent of my traditional handwritten signature.

Submit