

# Municipal Prosecutor Disclosure Statement

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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 e-commerce 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.:** \*

Area Code

-

Phone Number

**Cell Phone No.:**

Area Code

-

Phone Number

**Email address:** \*

example@example.com

**Spouse:**

**First Name:** \*

If you are unmarried, please enter N/A into the First Name and Last Name fields.

**Middle:**

**Last Name:** \*

**Suffix**

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## Section II. Municipal Prosecutor Information

**Appointing Governing Body: \***

**Term of Current Appointment**

**Begin Date: \***

 

Date

**End Date: \***

 

Date

**Holdover? (If the end date of your most recent appointed term of service has passed and you are continuing your service in a holdover capacity, please click 'Yes.' Otherwise, please click 'No.')** \*

- ☐ Yes
- ☐ No

**First Date of First Term of Service: \***

 

Date

**List All Terms of Service:**

**Name of Municipal Court: \***

**County Where Municipal Court is Located: \***

**Address of Municipal Prosecutor's Office: \***

Street Address

Street Address Line 2

City

Postal / Zip Code

**Municipal Prosecutor's Phone No.:**

Area Code

-

Phone Number

**Municipal Prosecutor email address: \***

example@example.com

**No. of Municipal Prosecutors in this Court: \***

**Are you the Chief Municipal Prosecutor? \***

☐ Yes

☐ No

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**Are you serving as a Municipal Prosecutor on an acting, temporary, or substitute basis? \***

☐ Yes

☐ No

**What are the dates of the term that you are serving as an acting, temporary or substitute basis?**

mm-dd-yyyy



From Date

mm-dd-yyyy



To Date

**Are you a Municipal Prosecutor in other municipalities? If yes, list all municipalities in which you prosecute. \***

☐ Yes

☐ No

### **Section III. Employment Information**

**Do you currently hold another Local Government position? \***

☐ Yes

☐ No

**Do you currently hold another State Government position? \***

☐ Yes

☐ No

**Are you an elected official? \***

☐ Yes

☐ No

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### **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.**

**A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization. \***

Name	Address	Self/Spouse	Dependent Name(s)
<input type="text"/>	<input type="text"/>	Self ▼	<input type="text"/>
<div>+</div>			

**B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing. \***

Name	Address	Self/Spouse	Dependent Name(s)
<input type="text"/>	<input type="text"/>	Self ▼	<input type="text"/>
<div>+</div>			

**C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source. \***

Name	Address	Self/Spouse	Dependent Name(s)
<input type="text"/>	<input type="text"/>	Self ▼	<input type="text"/>
<div>+</div>			

**D. List the name and address of all business organizations in which an interest was held. \***

Name	Address	Self/Spouse	Dependent Name(s)
<input type="text"/>	<input type="text"/>	Self ▼	<input type="text"/>
<div>+</div>			

**E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held. \***

Municipality/County

Block

Lot

Qual. Address

%Own

Self/Spouse

Dependent Name(s)

Self ▼

+

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## 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.**

**Date: \***



Date

**Name: \***

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

Submit