

**ADMINISTRATIVE OFFICE OF THE COURTS  
STATE OF NEW JERSEY**

**GLENN A. GRANT, J.A.D.**  
ACTING ADMINISTRATIVE  
DIRECTOR OF THE COURTS



**RICHARD J. HUGHES**  
JUSTICE COMPLEX  
PO Box 037  
TRENTON, NEW JERSEY 08625-0037

[Questions or comments may  
Be directed to 609-984-4228]

**TO: Assignment Judges  
Family Presiding Judges**

**SUPPLEMENT TO DIRECTIVE #01-09**

**FROM: Glenn A. Grant, J.A.D.**

**DATE: October 13, 2009**

**SUBJ: Family – Juvenile Delinquency and Domestic Violence Appeal Rights  
Forms and Colloquies – Corrections to Two Attachments**

Directive #01-09, dated April 13, 2009, promulgated appeal rights forms and colloquies for use in domestic violence contempt and juvenile delinquency dispositions. Through a production error, the juvenile delinquency appeal rights forms (both the English-language version and the Spanish-language version) appended to that directive were not the correct versions that the Supreme Court had approved. We apologize for any confusion or inconvenience resulting from that error. This Supplement to Directive #01-09 promulgates the correct English-language and Spanish-language versions of the appeal rights form for use in juvenile delinquency matters.

All of the other attachments to Directive #01-09 – the colloquy for use in juvenile delinquency matters and the appeal rights form and colloquy for use in domestic violence contempt proceedings – were the correct versions (both the English-language and the Spanish-language versions of each) and are not affected by this Supplement; nor is the text of Directive #01-09 changed in any way. This Supplement merely replaces the incorrect juvenile delinquency appeal rights form with the correct form.

Any questions regarding this Supplement and the appended forms may be directed to Janis Alloway, Assistant Chief, Family Practice Division, at 609-984-4228.

attachments

cc: Chief Justice Stuart Rabner  
Attorney General Anne Milgram  
Public Defender Yvonne Smith Segars  
Deborah Gramiccioni, DCJ Director  
County Prosecutors  
Regional Public Defenders  
Clerks of Court  
AOC Directors and Assistant Directors

Trial Court Administrators  
Family Division Managers  
Joanne M. Dietrich, Chief, Family Practice  
Janis Alloway, Asst. Chief, Fam. Practice  
David Tang, Family Practice  
Steven D. Bonville, Special Assistant  
Francis W. Hoeber, Special Assistant

STATE IN THE INTEREST OF

**Civil Action**

\_\_\_\_\_  
Juvenile

**Appeal Rights Form**

(Complete in duplicate: one fully executed copy to be delivered to the trial judge and juvenile to retain the remaining copy.)

I, \_\_\_\_\_, hereby certify as follows:

1. I am the juvenile in the case referred to above. I am being represented in this disposition by \_\_\_\_\_ who has reviewed this Appeal Rights Form with me and has explained the information in this form to me.
2. I understand that: (a) an appeal means having my case reviewed by a higher court, (b) I have the right to appeal my adjudication and the disposition, (c) I have the right to be represented by a lawyer for that appeal, (d) if I am eligible for Public Defender representation for my appeal, the Office of the Public Defender will represent me or arrange for my representation, and (e) if I fail to file a notice of appeal with the Appellate Division within 45 days of today's date, I will lose my right to appeal unless I obtain a thirty-day extension of time on a showing of good cause and absence of prejudice.
3. 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.

DATED: \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
Juvenile

I, \_\_\_\_\_, was present when this Appeal Rights Form was explained to my child/ward.

DATED: \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian

I have reviewed this Appeal Rights Form with the juvenile and his or her parent or guardian, and I am satisfied that the juvenile understands the rights it describes.

DATED: \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
Counsel for Juvenile

EL ESTADO EN BENEFICIO DE:  
STATE IN THE INTEREST OF:

TRIBUNAL SUPERIOR DE NUEVA JERSEY  
SUPERIOR COURT OF NEW JERSEY  
DIVISIÓN DE EQUIDAD – PARTE DE FAMILIAS  
CHANCERY DIVISION - FAMILY PART  
CONDADO DE \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
NO. DEL EXPEDIENTE FJ - \_\_\_\_\_  
DOCKET NO. \_\_\_\_\_

Menor  
Juvenile

**ACCIÓN CIVIL  
CIVIL ACTION**

**Formulario sobre los Derechos de Apelación  
Appeal Rights Form**

(Llénelo por duplicado; una copia debidamente firmada se ha de entregar al juez del juicio, y el menor ha de quedarse con la otra copia).

(Complete in duplicate: one fully executed copy to be delivered to the trial judge and juvenile to retain the remaining copy.)

Yo, \_\_\_\_\_, por la presente certifico lo siguiente:  
I, \_\_\_\_\_, hereby certify as follows:

1. Soy el menor en la causa citada arriba. \_\_\_\_\_ me está representando en esta disposición, y él/ella ha revisado conmigo este Formulario sobre los Derechos de Apelación y me ha explicado la información en este formulario.

I am the juvenile in the case referred to above. I am being represented in this disposition by \_\_\_\_\_ who has reviewed this Appeal Rights Form with me and has explained the information in this form to me.

2. Entiendo que: (a) una apelación significa hacer que un tribunal más alto revise mi causa, (b) tengo el derecho de apelar el fallo referente a mí y la disposición, (c) tengo el derecho de que me represente un abogado en dicha apelación, (d) si reúno las condiciones necesarias para que un Abogado de Oficio me represente en mi apelación, la Oficina del Abogado de Oficio me representará o hará arreglos para la representación, y (e) si no presento un aviso de apelación ante la División de Apelaciones dentro de los 45 días subsiguientes a la fecha de hoy, y a menos que obtenga una prórroga de treinta días al demostrar motivo suficiente y la ausencia de perjuicio, perderé mi derecho de apelar.

I understand that: (a) an appeal means having my case reviewed by a higher court, (b) I have the right to appeal my adjudication and the disposition, (c) I have the right to be represented by a lawyer for that appeal, (d) if I am eligible for Public Defender representation for my appeal, the Office of the Public Defender will represent me or arrange for my representation, and (e) if I fail to file a notice of appeal with the Appellate Division within 45 days of today's date, I will lose my right to appeal unless I obtain a thirty-day extension of time on a showing of good cause and absence of prejudice.

3. Certifico que las declaraciones que anteceden hechas por mí son veraces. Sé que si cualquiera de las declaraciones que anteceden hechas por mí es intencionalmente falsa, estaré sujeto a un castigo.

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.

FECHADO/ DATED: \_\_\_\_\_, \_\_\_\_\_

Menor / Juvenile

Yo, \_\_\_\_\_, estaba presente cuando este Formulario Sobre los Derechos de Apelación se le explicó a mi hijo/pupilo.

I, \_\_\_\_\_, was present when this Appeal Rights Form was explained to my child/ward.

FECHADO/ DATED: \_\_\_\_\_, \_\_\_\_\_  
Padre, madre o tutor / Parent/Guardian

He revisado este Formulario sobre los Derechos de Apelación con el menor y su padre, madre o tutor, y estoy satisfecho de que el menor entiende los derechos que se describen.

I have reviewed this Appeal Rights Form with the juvenile and his or her parent or guardian, and I am satisfied that the juvenile understands the rights it describes.

FECHADO/ DATED: \_\_\_\_\_, \_\_\_\_\_  
Abogado del menor / Counsel for Juvenile