

**GLENN A. GRANT, J.A.D.**  
Acting Administrative Director of the Courts

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**To:** Assignment Judges  
Criminal Presiding Judges **Supplement to Directive # 04-12**

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

**Subj:** Criminal – Judgment of Conviction – Superseding JOC Form

**Date:** July 22, 2016

This Supplement to Directive #04-12 promulgates amendments to the Judgment of Conviction (JOC) form. The attached revised JOC form effective August 1, 2016 supersedes the JOC form appended to Directive #04-12.

This Supplement to the Directive addresses only the JOC form. The policies and procedures set forth in Directive #04-12 remain applicable, specifically, the Supreme Court's prior delegation to the Administrative Director of the authority and responsibility to approve revisions to the JOC form; the determination that the "Offense Based Penalties" box on the JOC form will be updated as additional statutory penalties are enacted; the procedures for entering more than one offense based penalty; and the calculation of the total amount of the offense based penalties in the "Total Financial Obligation" box.

On page 2 of the JOC form, the acronym for the assessment to be made pursuant to N.J.S.A. 2C:43-3.1 has been updated to "VCCO" (Victims of Crime Compensation Board) from the prior "VCCA" (Victims of Crime Compensation Agency).

The following changes were made on page 2 in the "Additional Conditions" box: (1) inclusion of the statutory citation, N.J.S.A. 53:1-20.29, as to the defendant's liability for the costs of DNA testing when the DNA sample is ordered; (2) addition of the acronyms for Community Supervision for Life (CSL), Parole Supervision for Life (PSL), and No Early Release Act (NERA) in the description of the applicable conditions; (3) addition of the condition for the court to continue/impose a Sex Offender Restraining Order (SORO) if the offense occurred on or after 8/7/07 (Nicole's Law N.J.S.A. 2C:14-12 or N.J.S.A. 2C:44-8); (4) addition of the condition for the imposition of a Stalking Restraining Order (N.J.S.A. 2C:12-10.1); and (5) deletion of the reference to "DORA," (Drug Offender Restraining Act), and instead referring to the imposition of a "Drug Offender Restraining Order (DORO)."

Because of the need to remind judges and staff that the JOC is a public document and will be available on the Internet, the watermark, "Public Document," will appear on the form while it is in print for judge status and will disappear when the form is finalized. Additionally, the name and telephone number of the individual who prepared the JOC form has been removed from page 3 of the form. Additionally, the Juvenile Justice Commission has been added to the distribution list for receipt of the finalized JOC, if appropriate.

One revision to the JOC that was previously implemented, effective May 29, 2015, was addition of a "Joint & Several" checkbox in the "Restitution" box in the "Other Fees and Penalties" section on page 2 of the form. This checkbox is to be used when restitution is ordered by the judge to be "joint and several."

Any questions or comments regarding the revised superseding JOC form or Directive #04-12 may be directed to the Criminal Practice Division at 609-292-4638.

G.A.G.

Attachment

cc: Chief Justice Stuart Rabner  
Acting Attorney General Christopher S. Porrino  
Public Defender Joseph Krakora  
Elie Honig, Director, DCJ  
County Prosecutors  
Steven D. Bonville, Chief of Staff  
AOC Directors and Assistant Directors  
Melaney S. Payne, Special Assistant  
Ann Marie Fleury, Special Assistant  
Trial Court Administrators  
Criminal Division Managers and Assistants  
Susan Callaghan, Chief, Criminal Practice  
Maria Pogue, Assistant Chief, Criminal Practice

**ATTACHMENT 1**

**JUDGMENT OF CONVICTION**



**Judgment of Conviction  
Amendment / Resentence / VOP  
Superior Court of New Jersey,**

**State of New Jersey**

**v.**

Last Name

First Name

Middle Name

Also Known As

Date of Birth

SBI Number

Date(s) of Offense

Date of Arrest

PROMIS Number

Date Ind / Acc / Complt Filed

Original Plea

☐ Not Guilty

☐ Guilty

Date of Original Plea

Adjudication By

☐ Guilty Plea

☐ Jury Trial Verdict

☐ Non-Jury Trial Verdict

☐ Dismissed / Acquitted

Date:

**Original Charges**

Ind / Acc / Complt

Count

Description

Statute

Degree

**Final Charges**

Ind / Acc / Complt

Count

Description

Statute

Degree

**Sentencing Statement**

It is, therefore, on \_\_\_\_\_ **ORDERED** and **ADJUDGED** that the defendant is sentenced as follows:

☐ It is further **ORDERED** that the sheriff deliver the defendant to the appropriate correctional authority.

Total Custodial Term

Institution Name

Total Probation Term

| <b>DEDR (N.J.S.A. 2C:35-15 and 2C:35-5.11)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | <b>Additional Conditions</b>                                                                                                                                                                    |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------|------------------|-----------------------------|------------------|-----------------------------|------------------|-----------------------------|------------------|------------------------|------------------|---------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>A mandatory Drug Enforcement and Demand Reduction (DEDR) penalty is imposed for each count. (Write in number of counts for each degree.)</p> <p><input type="checkbox"/> DEDR penalty reduction granted (N.J.S.A. 2C:35-15a(2))</p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Doubled</th> </tr> <tr> <td>1st Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>2nd Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>3rd Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>4th Degree _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>DP or _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> <tr> <td>Petty DP _____ @ \$ _____</td> <td>_____ @ \$ _____</td> </tr> </table> <p style="text-align: center;"><b>Total DEDR Penalty \$ _____</b></p> <p><input type="checkbox"/> The court further ORDERS that collection of the DEDR penalty be suspended upon defendant's entry into a residential drug program for the term of the program. (N.J.S.A. 2C:35-15e)</p> |                  | Standard                                                                                                                                                                                        | Doubled | 1st Degree _____ @ \$ _____ | _____ @ \$ _____ | 2nd Degree _____ @ \$ _____ | _____ @ \$ _____ | 3rd Degree _____ @ \$ _____ | _____ @ \$ _____ | 4th Degree _____ @ \$ _____ | _____ @ \$ _____ | DP or _____ @ \$ _____ | _____ @ \$ _____ | Petty DP _____ @ \$ _____ | _____ @ \$ _____ | <p><input type="checkbox"/> The defendant is hereby ordered to provide a DNA sample and ordered to pay the costs for testing of the sample provided (N.J.S.A. 53:1-20.20 and N.J.S.A. 53:1-20.29).</p> <p><input type="checkbox"/> The defendant is hereby sentenced to community supervision for life (CSL) if offense occurred before 1/14/04 (N.J.S.A. 2C:43-6.4).</p> <p><input type="checkbox"/> The defendant is hereby sentenced to parole supervision for life (PSL) if offense occurred on or after 1/14/04 (N.J.S.A. 2C:43-6.4).</p> <p><input type="checkbox"/> The defendant is hereby ordered to serve a _____ year term of parole supervision, pursuant to the No Early Release Act (NERA), which term shall begin as soon as the defendant completes the sentence of incarceration (N.J.S.A. 2C:43-7.2).</p> <p><input type="checkbox"/> The court imposes a Drug Offender Restraining Order (DORO) (N.J.S.A. 2C:35-5.7h). DORO expires _____</p> <p><input type="checkbox"/> The court continues/imposes a Sex Offender Restraining Order (SORO) if the offense occurred on or after 8/7/07 (Nicole's Law N.J.S.A. 2C:14-12 or N.J.S.A. 2C:44-8).</p> <p><input type="checkbox"/> The court imposes a Stalking Restraining Order (N.J.S.A. 2C:12-10.1).</p> |  |
| Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Doubled          |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 1st Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ @ \$ _____ |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 2nd Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ @ \$ _____ |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 3rd Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ @ \$ _____ |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 4th Degree _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____ @ \$ _____ |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| DP or _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ @ \$ _____ |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Petty DP _____ @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____ @ \$ _____ |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>Forensic Laboratory Fee (N.J.S.A. 2C:35-20) _____</p> <p>Offenses @ \$ _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | <p>Total Lab Fee \$ _____</p>                                                                                                                                                                   |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>VCCO Assessment (N.J.S.A. 2C:43-3.1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Counts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Number           | Amount                                                                                                                                                                                          |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
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| <b>Total VCCO Assessment \$ _____</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Vehicle Theft / Unlawful Taking Penalty (N.J.S.A. 2C:20-2.1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Offense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | Mandatory Penalty                                                                                                                                                                               |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
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| <b>Offense Based Penalties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Penalty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | Amount                                                                                                                                                                                          |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
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| <b>Other Fees and Penalties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>Law Enforcement Officers Training and Equipment Fund Penalty (N.J.S.A. 2C:43-3.3)</p> <p><input type="checkbox"/> \$ _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | <p>Safe Neighborhood Services Fund Assessment (N.J.S.A. 2C:43-3.2)</p> <p><input type="checkbox"/> _____ Offenses @ \$ _____</p> <p style="text-align: center;">Total: \$ _____</p>             |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>Probation Supervision Fee (N.J.S.A. 2C:45-1d)</p> <p><input type="checkbox"/> \$ _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | <p>Statewide Sexual Assault Nurse Examiner Program Penalty (N.J.S.A. 2C:43-3.6)</p> <p><input type="checkbox"/> _____ Offenses @ \$ _____</p> <p style="text-align: center;">Total \$ _____</p> |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>Transaction Fee (N.J.S.A. 2C:46-1.1)</p> <p><input type="checkbox"/> _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>Domestic Violence Offender Surcharge (N.J.S.A. 2C:25-29.4)</p> <p><input type="checkbox"/> \$ _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | <p>Certain Sexual Offenders Surcharge (N.J.S.A. 2C:43-3.7)</p> <p><input type="checkbox"/> \$ _____</p>                                                                                         |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>Fine</p> <p>\$ _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | <p>Sex Crime Victim Treatment Fund Penalty (N.J.S.A. 2C:14-10)</p> <p><input type="checkbox"/> \$ _____</p>                                                                                     |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>Restitution Joint &amp; Several</p> <p>\$ _____ <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | <p>Total Financial Obligation</p> <p>\$ _____</p>                                                                                                                                               |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                                                                                                                                 |         |                             |                  |                             |                  |                             |                  |                             |                  |                        |                  |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------|-----|
| <b>Findings Per N.J.S.A. 2C:47-3</b>                                                                                                                                                                                                                                                                                                                                                 |                                                       |                                                                  |     |
| <p><input type="checkbox"/> The court finds that the defendant's conduct was characterized by a pattern of repetitive and compulsive behavior.</p> <p><input type="checkbox"/> The court finds that the defendant is amenable to sex offender treatment.</p> <p><input type="checkbox"/> The court finds that the defendant is willing to participate in sex offender treatment.</p> |                                                       |                                                                  |     |
| <b>License Suspension</b>                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                                                  |     |
| <p><input type="checkbox"/> CDS / Paraphernalia (N.J.S.A. 2C:35-16) <input type="checkbox"/> Waived</p> <p><input type="checkbox"/> Auto Theft / Unlawful Taking (N.J.S.A. 2C:20-2.1)</p> <p><input type="checkbox"/> Eluding (N.J.S.A. 2C:29-2)</p> <p><input type="checkbox"/> Other _____</p>                                                                                     |                                                       |                                                                  |     |
| Number of Months                                                                                                                                                                                                                                                                                                                                                                     |                                                       | <input type="checkbox"/> Non-resident driving privileges revoked |     |
| Start Date                                                                                                                                                                                                                                                                                                                                                                           |                                                       | End Date                                                         |     |
| Details                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                                                                  |     |
| Driver's License Number                                                                                                                                                                                                                                                                                                                                                              |                                                       | Jurisdiction                                                     |     |
| If the court is unable to collect the license, complete the following:                                                                                                                                                                                                                                                                                                               |                                                       |                                                                  |     |
| Defendant's Address                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                                                  |     |
| City                                                                                                                                                                                                                                                                                                                                                                                 |                                                       | State                                                            | Zip |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                        | Sex                                                   | Eye Color                                                        |     |
|                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> M <input type="checkbox"/> F |                                                                  |     |

## Total Number of Days

State of New Jersey v.

S.B.I. #

Ind / Acc / Compl #

**Continuation**