ADMINISTRATIVE OFFICE OF THE COURTS
STATE OF NEW JERSEY

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

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[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

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION - FAMILY PART
COUNTY OF _____
DOCKET NO. FJ - _____

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

TRIBUNAL SUPERIOR DE NUEVA JERSEY
SUPERIOR COURT OF NEW JERSEY

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

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