

Municipal Prosecutor Separation Statement

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Section I. Personal Information

First Name *

Middle Name

Last Name *

Suffix

New Jersey Attorney ID *

Business Address *

Street Address

Street Address Line 2

City

Postal / Zip Code

Business Phone Number *

–

Area Code

Phone Number

Cell Phone Number *

–

Area Code

Phone Number

Email Address *

example@example.com

Section II. Municipal Prosecutor Separation Information

Municipality *

County of Service *

Term of Appointment *



Begin Date

Date *



Date

*



End Date

Last Date of Employment as Municipal Prosecutor *



Date

Date of Notification to the Division of Criminal Justice *



Date

Section III. Certification & Online Filing Process

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

Date *



Date

Signature *

Clear

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