



Incarcerated Defendant Request for Relief Form

This form is for use by unrepresented defendants incarcerated in a New Jersey State or County correctional facility who are asking that a Municipal Court grant relief or in some way modify the status of the defendant's case. Send this form *only* to the particular Municipal Court that has jurisdiction over the matter(s) in question. When submitting this completed form to that Municipal Court, you must enclose the original, for the court's use, and one copy, for the Municipal Prosecutor. Please also retain a copy for your records.

The Rules of Court (*Rule 7:7-2(d)*) require that the Municipal Court respond to a request for relief submitted by an unrepresented incarcerated defendant using this form within 45 days of receipt of the completed form. If at the end of 45 days after submitting the form you have not received a response from the Municipal Court (taking into account mail delivery times), you may seek further relief from the Municipal Presiding Judge of the county within which the particular Municipal Court is located. The addresses for the Municipal Presiding Judges are included on page 3 of this form. When seeking such further relief from the Municipal Presiding Judge, please include a copy of the completed form that you earlier submitted to the particular Municipal Court requesting relief.

Requestor Information			
Name			
AKA (Also Known As)			Date of Birth
Correctional Institution: Name and Address		Inmate Number	
		Projected Release Date	
Home Address (or expected address after release)			
Complaint(s) Information			
Provide as much information as possible to enable the court to identify the complaint(s)			
<input type="checkbox"/> I am not represented by an attorney on any of the following charges:			
Complaint Number(s)	Date of Offense	Charges	Date of Conviction (if appropriate)

Additional page(s) attached if needed.

Municipal Incarcerated Defendant Request for Relief Form

Relief Sought (check all that apply)
<input type="checkbox"/> I wish to apply for a municipal public defender.
<input type="checkbox"/> I request that my warrant be recalled (cite reason) _____ _____
<input type="checkbox"/> I request that my bail amount/conditions of release be modified (cite reason) _____ _____
<input type="checkbox"/> I request that the fines/penalties I owe be converted to jail time (cite reason) _____ _____
<input type="checkbox"/> I request that the court grant me credit for time served (cite reason) _____ _____
<input type="checkbox"/> I request that all or a portion of the monies I owe be vacated (cite reason) _____ _____
<input type="checkbox"/> Other relief sought (describe) _____ _____ _____
<input type="checkbox"/> I would like my matter(s) scheduled for a court hearing. _____
<input type="checkbox"/> Additional page(s) attached if needed.

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.

Date

Requestor's Signature

For Court Use Only

Date Received _____

Explanation _____

Granted

Partially Granted

Denied

Date Signed

Judge's Signature

