



# NEW JERSEY STATE POLICE

## PORT SECURITY SECTION - ARREST NOTIFICATION



*Please complete and submit the below information within 20 days of the knowledge or charge of arrest.*

INFORMATION:			
PERSON REPORTING INCIDENT:		GENDER:	AGE:
CELLPHONE #:		WATERFRONT LICENSE # AND EMPLOYER:	
INCIDENT DETAILS:			
DATE:		TIME:	
LOCATION OF INCIDENT:		LOCATION OF ARREST:	
LAW ENFORCEMENT ARRESTING AGENCY:			
ARRESTING OFFICER:			
CHARGE(S) IF KNOWN:			
COURT IN WHICH THIS MATTER IS PENDING:			
NEXT COURT DATE:			
<b>I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE:</b>			
Name: _____		DATE: _____	

BELOW- OFFICIAL USE ONLY				
<b>GENERATED BY:</b>				
DATE RCVD:	RECEIVED BY:	BADGE:	UNIT:	CODE:
<b>FORWARDED TO:</b>			DATE RCVD:	DATE COMPLETED:
PORT COMPLIANCE BUREAU				
PORT OPERATIONS & INVESTIGATIONS BUREAU				
PORT REGULATORY & LICENSING BUREAU				
NJSP CASE #				

*Please submit this notification by email to: [portadjudicationunit@njsp.gov](mailto:portadjudicationunit@njsp.gov)*