



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:			
I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE:			
Name: _____		DATE: _____	

BELOW- OFFICIAL USE ONLY				
GENERATED BY:				
DATE RCVD:	RECEIVED BY:	BADGE:	UNIT:	CODE:
FORWARDED TO:			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