



NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE

BIAS CRIME REPORTING REWARD APPLICATION

APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

Do you wish to keep your identity confidential? Yes No

NOTE: Nondisclosure of your identity is subject to any statute, Rule of Court or judicial decision which may require divulgence of such identity to certain parties including, in certain circumstances, criminal defendants.

INCIDENT INFORMATION PROVIDED

You may attach additional sheets if needed

Date(s) of Incident(s):

Location(s):

INCIDENT INFORMATION PROVIDED *continued*

Detailed Description of Incident(s):

Suspect Name(s):

Suspect Address(es) if known:

Witness(es) Name(s):

Witness Address(es) if known:

INCIDENT INFORMATION PROVIDED *continued*

I hereby certify that the information provided above is true and accurate. I am aware that if any of the foregoing information is willfully false I am subject to punishment.

Signature of Applicant
(sign only in the presence of a Notary Public)

Date

Notary Public/Date/Notary Seal:

Notary Public

Date