

To be eligible for a Certificate of Good Conduct, you must meet all of the following requirements:

1. You were supervised by the Board or are presently supervised by the Board.
2. If you are presently supervised by the Board, at least one year must have expired since commencement of supervision by the Board.
3. You have not been convicted of a new crime within five (5) years from the date of application.
4. You have no pending charges or outstanding warrants.
5. You are not presently incarcerated.
6. At least two years have passed since the date any similar application was denied, unless the Board determines that significant information exists which provides a basis for a waiver of this information.

To be eligible for a Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures you must meet the following criteria:

If you are currently under supervision, you must meet the following requirements:

1. You have not been convicted of a crime since the conviction, for which you are under supervision, and have no pending criminal charge(s).
2. You have been convicted of a second, third or fourth degree offense and have not been convicted of the following offenses:
 - Any first degree crime
 - Any offense enumerated in N.J.S.A. 2C:43-7.2 (“No Early Release Act”)
 - Any second degree offense defined in the following chapters of Title 2C of the New Jersey Statutes:
 - Chapter 13 – Kidnapping and related offenses: Coercion
 - Chapter 14 – Sexual Offenses
 - Chapter 15 – Robbery
 - Chapter 16 – Bias Crimes
 - Chapter 24 – Offenses against the Family, Children and Incompetents
 - Chapter 27 – Bribery and Corrupt Influence
 - Chapter 30 – Misconduct in Office; Abuse of Office
 - Chapter 33 – Riot; Disorderly Conduct and related offenses
 - Chapter 38 – Anti-terrorism
 - A violation of N.J.S.A. 2C:24-4(a) or N.J.S.A. 2C:24-4(b)4;
 - A crime requiring registration pursuant to N.J.S.A. 2C:7-2;
 - A crime committed against a public entity or against a public officer;
 - A crime enumerated in N.J.S.A. 43:1-3.1, committed by a public employee, which involves or touches upon the employee’s office, position or employment, such that the crime was related directly to the person’s performance in, or circumstances flowing from, the specific public office or employment held by the person;
 - Any crime committed against a person 16 years of age or younger, or a disabled or handicapped person; or
 - A conspiracy or attempt to commit any of the crimes described above.

If you have completed supervision, you must meet the following requirements:

1. A minimum of three (3) years has passed since you completed the parole supervision portion of the sentence provided that you have remained without criminal involvement since the conviction, including that you have not subsequently been convicted of a crime and have no pending criminal charge(s).

2. You have not been convicted of any of the following offenses:

- Any first degree crime;
- Any offense enumerated in N.J.S.A. 2C:43-7.2 (“No Early Release Act”);
- A violation of N.J.S.A. 2C:24-4(a) or N.J.S.A. 2C:24-4(b)4;
- A crime requiring registration pursuant to N.J.S.A. 2C:7-2;
- A crime enumerated in N.J.S.A. 43:1-3.1, committed by a public employee, which involves or touches upon the employee’s office, position or employment, such that the crime was related directly to the person’s performance in, or circumstances flowing from, the specific public office or employment held by the person;
- Any crime committed against a person 16 years of age or younger, or a disabled or handicapped person; or
- A conspiracy or attempt to commit any of the crimes described above.

If you do not meet the criteria you will be advised that you are ineligible for the Certificate(s) and your application will not be processed.

1. Provide the following information regarding the license/certification (or public employment, if applicable) you are seeking:

Name of license/certification: _____

Name of license/certification agency: _____

Public employment position you are seeking (if applicable): _____

Citation of the State Statute or Administrative Code regulation for the license/certification:

Provide a copy of the State Statute or Administrative Code regulation

Does the Statute/regulation indicate that you are barred due to your criminal conviction? Yes No

Does the Statute indicate that a Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures or Certificate of Good Conduct is required?

Yes No Other: _____

Do you meet all of the licensing/certification or employment requirements?

Yes No If no, explain: _____

2. Have you applied for the license/certification (or public employment, if applicable)? Yes No

If yes, what was the outcome? _____

If denied, attach the licensing/certification agency denial letter.

3. Provide all previous NJDOC, NJJC, SBI #, or other identification numbers:

4. Date of Birth: _____
Place of Birth (City, State, Country): _____
Social Security Number: _____
Driver's License Number (Issuing State): _____
Driver's License: Active Expired Suspended Revoked

Provide a copy of your social security card and driver's license.

5. If you were not born in the United States, complete below.
When did you first enter the United States? _____
Port of Entry: _____
Under what name did you enter? _____

Are you a naturalized citizen of the United States?
 Yes Date of Naturalization _____
 No Give alien registration number _____

Are you presently under an order for deportation or are deportation proceedings pending? Yes No
Are you under an immigration detainer? Yes No

EDUCATION/TRAINING

6. List the schools you attended:

Name/Location	Years Attended	Diploma/Degree/Certificate

7. List any educational or employment related licenses, certificates or training programs.

Name	Years Attended/Date Achieved

FAMILY BACKGROUND

8. Status: Single Married Divorced Widowed Civil Union/Partnership

Date Married/Civil Union/Partnership: _____

Date of Divorce/Dissolution: _____

Spouse/Partner Name: _____

Spouse/Partner Occupation: _____

Spouse/Partner Place of Employment: _____

9. Do you have any children? Yes No If yes, how many? _____

Provide the following information about your child(ren) and any other person(s) who is (are) dependent upon you for support:

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Do you have any current child support orders and support balances?

If yes, explain in detail the terms of the order (child name, amount of support obligation and/or amount past due).

CRIMINAL RECORD

11. List all offenses for which you have been convicted as an adult offender, or adjudicated delinquent as a juvenile offender, including municipal matters. You must include the specific offense type and degree of the offense for which you were convicted or adjudicated delinquent (ex.: Robbery - 2nd degree; or Possession of CDS - 3rd degree). **If possible, provide any arrest reports or court documents (i.e. Judgment of Conviction or Presentence Investigation Report):**

Date of Sentence	Sentencing Court (State/County/Municipality)	Offense/Degree	Disposition (Incarceration Term, Probation Term, Fine/Amount, PTI, Conditional Discharge)
_____	_____	_____	_____
_____	_____	_____	_____

14. List all final Court disposition(s) pertaining to any arrest noted in Item #13:

Date of Sentence

Sentencing Court
(State/County/Municipality)

Disposition
(Sentence, Fine/Amount, Dismissal)

15. Do you currently have any pending charges, summons or outstanding warrants? Yes No

If yes, list the date of arrest, specific offense, and arresting agency or Police Department:

16. Has any person ever filed a domestic violence complaint against you? Yes No

Have you filed a domestic violence complaint against any person? Yes No

Has a Judge ever issued a Temporary Restraining Order against you? Yes No

Has a Judge ever issued a Final Restraining Order against you? Yes No

If yes, explain in detail including name of person, date issued and date dismissed:

SUBSTANCE ABUSE HISTORY

17. Did you use alcohol and/or drugs during your commission of any offense noted in your criminal history? Yes No

If yes, explain in detail including date of offense, date of sentence and description of alcohol and/or drugs used:

18. Were you ever convicted of Driving Under the Influence of Alcohol or Drugs? Yes No

If yes, explain in detail including date of offense and disposition:

19. Have you ever had your driving license privileges revoked or suspended in New Jersey or any other State? Yes No

If yes, explain in detail including date of offense, location of offense and disposition:

20. Have you received any Motor Vehicle summons or traffic tickets in New Jersey or any other State while under supervision or since your termination of supervision? Yes No

If yes, explain in detail including date of offense, location of offense and disposition:

21. Have you ever received or are you currently receiving treatment or counseling for alcohol and/or drug use? Yes No

If yes, complete the following, detailing each occasion for treatment:

Treatment Program/Facility	Location	Dates of Treatment (To/From)
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Did you successfully complete the treatment program? Yes No

If no, explain the reason for your removal, termination or discharge from the program:

EMPLOYMENT

22. List each job you have held following your release and provide the requested information for each employment:

EMPLOYER: _____

Dates of employment: from _____ to _____

Position or job title: _____

Nature of work: _____

Salary or hourly wage: _____

Reason for leaving: _____

EMPLOYER: _____

Dates of employment: from _____ to _____

Position or job title: _____

Nature of work: _____

Salary or hourly wage: _____

Reason for leaving: _____

EMPLOYER: _____

Dates of employment: from _____ to _____

Position or job title: _____

Nature of work: _____

Salary or hourly wage: _____

Reason for leaving: _____

EMPLOYER: _____

Dates of employment: from _____ to _____

Position or job title: _____

Nature of work: _____

Salary or hourly wage: _____

Reason for leaving: _____

Use a separate sheet of paper for additional employers.

FINANCIAL STATUS/RESOURCES

23. What is your annual income? _____

Provide your last two (2) income tax returns.

24. Do you own a home? Yes No

25. Do you own a rental property(ies)? Yes No

If yes, provide the address of your rental property(ies): _____

26. Do you own a business? Yes No

If yes, provide the name and address of your business and start date: _____

Provide your last business income tax return.

MILITARY SERVICE, SOCIAL OR FRATERNAL ORGANIZATIONS, COMMUNITY SERVICE

27. Have you ever served in the United States Armed Forces? Yes No

If yes, in what branch did you serve? _____

Date and place of entry: _____

Serial, service, or identification number: _____

Highest rank: _____

Discharge: Honorable Dishonorable Bad Conduct

General (Under Honorable Conditions or Other Than Honorable Conditions)

Other (explain)

Date of discharge: _____

Provide documentation of your military discharge.

Do you have a disability that is recognized by the Veteran's Administration? Yes No

If yes, describe the degree of your disability and indicate amount of financial benefits received per month: _____

28. Do you participate in or are you a member of any social clubs, unions, fraternal groups, or other community organizations? If so, provide names and addresses.

29. Do you serve as a volunteer or perform community service? If so, provide details.

30. List any awards, honors, achievements or recognitions since you were released on supervision that have not been listed:

31. Provide any other information and/or documentation that you believe is important or relevant to your application that has not been listed.

CONCLUSION

You may include additional pages for any answers to any of the questions on this application. You may also attach documents you believe support your request for a Certificate.

NOTICE: This application is subject to a complete investigation. You shall also be required to provide any additional information or documents deemed necessary by the Board in consideration of your request for a Certificate.

ACKNOWLEDGEMENT

By signing this, I declare that I have examined this application and, to the best of my knowledge and belief, it is true, correct, and accurate.

Applicant's Signature: _____

Sworn and subscribed to before me this

_____ Day of _____ 20____

at _____

in the County of _____

State of _____

(Notary Public or other authorized to administer oaths)

**AUTHORIZATION TO RELEASE INFORMATION
TO THE NEW JERSEY STATE PAROLE BOARD**

To Whom It May Concern:

I, _____, hereby authorize any law enforcement agency, insurance company, current or former employer(s), State and Federal income tax agency, educational institution, or any other agency to furnish the New Jersey State Parole Board with any requested information and/or document(s) pertaining to myself, for the purpose of completing a confidential community investigation, which is required for processing my application for a Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures and/or Certificate of Good Conduct, whichever is applicable.

I authorize investigators of the State Parole Board to verify any and all information contained in my application for Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures and/or Certificate of Good Conduct including my education and to review any and all criminal history, military and disciplinary records of any source.

I release the State of New Jersey, the State Parole Board and all previous employers listed in the application for Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures and/or Certificate of Good Conduct from all liability whatsoever that may issue from securing this information.

Signature

____ - ____ - ____
Social Security Number

Sworn and subscribed to before me this
_____ Day of _____ 20____
at _____
in the County of _____
State of _____

(Notary Public or other authorized to administer oaths)