REQUEST TO APPROVE PLEA AGREEMENT

DEFENDANT'S NAME:_____
(Please Print)

Complaint #	Original Charge #	Amended To	G/D/M*	Recommended Sentence/Comments

*G = Guilty; D = Dismissed; M = Guilty But Merged

DEFENDANT'S ACKNOWLEDGEMENT

I understand the nature of the amended charge(s) against me and the consequences of my guilty plea. I understand and agree voluntarily to the terms of the plea agreement set forth above.

I further understand that if the judge does not accept my guilty plea or agree with the recommended sentence, I can withdraw it and plead not guilty.

Date _____ Defendant _____

PROSECUTOR'S ACKNOWLEDGEMENT

The defendant and I, as the prosecutor in this case, reached the above plea agreement in accordance with R. 7:6-2 and with the Guidelines for Operation of Plea Agreements in the Municipal Courts of New Jersey.

I represent to the Court that the original charge(s) listed above did not involve an accident resulting in personal injury to any person.

Date _____ Prosecutor _____

Revised Form 09/14/09