

# COMPLAINT - SUMMONS

COMPLAINT NUMBER			
<b>1318</b>	<b>S</b>	<b>2019</b>	<b>000135</b>
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
<b>HOLMDEL TWP MUNICIPAL COURT</b> <b>4 CRAWFORDS CORNER RD</b> <b>HOLMDEL NJ 07733-0000</b> <b>732-946-2820</b> COUNTY OF: <b>MONMOUTH</b>			
# of CHARGES <b>3</b>	CO-DEFTS	POLICE CASE #: <b>19-12081</b>	
COMPLAINANT NAME: <b>SGT. M MOORE</b> <b>4 CRAWFORDS CORNER</b> <b>ATTN WARRANTS</b> <b>HOLMDEL NJ 07733</b>	DEFENDANT INFORMATION SEX: <b>M</b> EYE COLOR: <b>BROWN</b> DOB: <b>11/16/1964</b> DRIVER'S LIC. #. DL STATE: SOCIAL SECURITY #: SBI #: TELEPHONE #: <b>(c)</b> LIVESCAN PCN #:		

*THE STATE OF NEW JERSEY*

*VS.*

**DWIGHT E GOODEN**

ADDRESS

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **06/07/2019** in **HOLMDEL TWP**, **MONMOUTH County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY COMMIT THE CRIME OF POSSESSION OF CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING A WHITE POWDERY SUBSTANCE BELIEVED TO BE COCAINE, THIS IN VIOLATION OF 2C:35-10A(1), A CRIME OF THE THIRD DEGREE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY POSSESS DRUG PARAPHERNALIA, SPECIFICALLY BY POSSESSING TWO, SMALL GREEN ZIP-LOCK STYLE PLASTIC BAGGIES CONTAINING SUSPECTED COCAINE, THIS IN VIOLATION OF 2C:36-2, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY USE AND BE UNDER THE INFLUENCE OF A CONTROLLED DANGEROUS SUBSTANCE FOR THE PURPOSE OTHER THAN THE TREATMENT OF AN ILLNESS, IN VIOLATION OF 2C:35-10B, A DISORDERLY PERSONS OFFENSE.

**in violation of:**

Original Charge	1) <b>2C:35-10A(1)</b>	2) <b>2C:36-2</b>	3) <b>2C:35-10B</b>
Amended Charge			

**CERTIFICATION:**

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: SGT. M MOORE Date: 06/07/2019

**The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.**

**SUMMONS**

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: **MONMOUTH**  
at the following address: **MONMOUTH COUNTY COURTS**  
**71 MONUMENT PARK PO BOX 1271 FREEHOLD NJ 07728-0000**  
If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.  
Date of Arrest: **06/07/2019** Appearance Date: **07/23/2019** Time: **09:00AM** Phone: **732-677-4500**  
Signature of Person Issuing Summons: SGT. M MOORE Date: 06/07/2019

Domestic Violence – Confidential

Related Traffic Tickets or Other Complaints

Serious Personal Injury/ Death Involved

**Special conditions of release:**

- No phone, mail or other personal contact w/victim
- No possession firearms/weapons
- Other (specify):

**ORIGINAL**

# COMPLAINT – SUMMONS (Court Action)

<b>COMPLAINT NUMBER</b>				<b>STATE V.</b>
<b>1318</b>	<b>S</b>	<b>2019</b>	<b>000135</b>	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

**DWIGHT E GOODEN**

<b>FTA Bail Information</b>		Date Bail Set: _____	Amount Bail Set: \$ _____ by: _____	<input type="checkbox"/> Bail Recog. Attached
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Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed: _____	Date Referred to County Prosecutor: _____
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Date of First Appearance: <b>07/23/2019</b>	<input type="checkbox"/> Advised of Rights by _____	Defendant Desires Counsel: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Prosecuting Attorney Information				Defense Counsel Information					
<b>Name:</b>				<b>Name:</b>					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

Original Charge	1) <b>2C: 35-10A(1)</b>	2) <b>2C: 36-2</b>	3) <b>2C: 35-10B</b>
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: _____ Date: _____	Plea: _____ Date: _____	Plea: _____ Date: _____
Adjudication (* see code)	Finding Code: _____ Date: _____	Finding Code: _____ Date: _____	Finding Code: _____ Date: _____
Jail Term	Jail time credit _____ Susp. Imp _____	Jail time credit _____ Susp. Imp _____	Jail time credit _____ Susp. Imp _____
Probation Term	Susp. Imp _____	Susp. Imp _____	Susp. Imp _____
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: _____ Costs: _____	Fines: _____ Costs: _____	Fines: _____ Costs: _____
VCCB/SNSF	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____
DEDR/Lab Fee	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____
CD Fee/Drug Ed Fnd	CD: _____ DAEF: _____	CD: _____ DAEF: _____	CD: _____ DAEF: _____
DV Surch/Other Fees	DV: _____ Other: _____	DV: _____ Other: _____	DV: _____ Other: _____
Restitution Beneficiary: _____			

<p><b>Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:</b> NO CO-DEF</p> <p><b>Related Traffic Tickets and Complaints:</b> MOTOR VEHICLE - 1318-S-013897 FOR 39:4-50 TO S-013800. S015801-S015803</p>	<p style="text-align: center;">* Finding Codes</p> <p>1 – Guilty 2 – Not Guilty 3 – Dismissed – Other 4 – Guilty but Merged 5 – Dismissed-Rule 6 – Dismissed Lack of Prosecution 7 – Dismissed – Pros Motion/Vic Req 8 – Conditional Discharge D – Dismissed- Prosecutor Discretion M – Dismissed- Mediation P – Dismissed-Plea Agreement S – Disposed at Superior W – Dismissed-False ID</p>
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