

BOROUGH OF SHREWSBURY MUNICIPAL COURT

419 Sycamore Ave. Shrewsbury, NJ 07702
Telephone: 732-842-2868 Fax: 732-842-3208
Office Hours: 8:30 am – 4:00 pm, Monday thru Friday

**AUTHORIZATION TO APPLY BAIL AGAINST FINE(S) AND COSTS
and WAIVER OF RIGHTS**

STATE OF NEW JERSEY
V.

Defendant

Summons No. _____

Offense(s) _____

I am the Defendant and have not appeared in the Shrewsbury Municipal Court where I was charged with the above offense(s):

BY VOLUNTARILY SIGNING THIS WAIVER AND AUTHORIZATION, I UNDERSTAND AND AGREE THAT

- (1) I GIVE UP MY RIGHT TO HAVE A LAWYER; AND
- (2) I PLEAD GUILTY AND I GIVE UP MY RIGHT TO A TRIAL; AND
- (3) I ADMIT THAT I FAILED TO APPEAR IN COURT ON THE DATE AND TIME SCHEDULED FOR MY CASE; AND
- (4) A RECORD OF THIS OFFENSE WILL BE SENT TO THE DIVISION OF MOTOR VEHICLES THAT ISSUED MY DRIVERS LICENSE AND WILL BECOME PART OF MY DRIVING RECORD.

I REQUEST AND AUTHORIZE THE MUNICIPAL COURT TO APPLY THE BAIL OF \$_____ AGAINST THE TOTAL AMOUNT OWED, WHICH INCLUDES FINES, COURT COSTS, FAILURE TO APPEAR FEES AND CONTEMPT OF COURT ASSESMENTS. I ALSO CERTIFY THAT MY ADDRESS AND DRIVER’S LICENSE NUMBER BELOW ARE CORRECT:

X _____
Defendant’s Signature Date

Driver’s License Issuing State

Address