

**Defendant's Name, Address
and SBI or Prison Number**

SUPERIOR COURT OF NEW JERSEY

LAW DIVISION - _____ COUNTY

INDICTMENT NO(S): _____

.....

STATE OF NEW JERSEY .

CRIMINAL ACTION

Plaintiff, .

**VERIFIED PETITION
FOR POST CONVICTION RELIEF**

v. .

DEFENDANT. .

.....

1. Petitioner was charged with the offense(s) of: _____

in the County of: _____, on Indictment number (s): _____

_____, dated _____.

2. Petitioner was convicted of the crime(s) of: _____

and was sentenced by Judge: _____ on the date of _____

to a term(s) of: _____
(Length of Sentence)

(and any specific conditions set forth in the sentence)

3. Indicate whether petitioner entered a plea: _____ or went to trial _____.

Provide attorney's name: _____ and whether private or Public
Defender; _____. If Public Defender: staff _____; pool _____.

4. Was an appeal taken from the conviction to the Appellate Division: _____,
to the NJ Supreme Court: _____?

Attach copies of the opinions of those Courts. If opinions are not available,
provide attorney's name: _____ and date of the decision(s): _____.

5. Has the petitioner filed previous Post-Conviction Relief petitions?
Yes ___ No ___

If you answered Yes to the above question, on a separate page you must indicate:

- (a) The date each Post-Conviction proceeding was filed.
- (b) The Title of the Post-Conviction proceeding, i.e., PCR, Sentence Reconsideration, etc.
- (c) The nature of the claim(s) made in each proceeding.
- (d) The date of the Court's opinion on the proceeding.
- (e) The name of the Attorney, if any, who represented you at each proceeding, and whether Counsel was private or Court appointed.
- (f) If an appeal was taken in any of the proceedings, provide the Appellate docket number, the date of the opinion, and the attorney's name. (Attach a copy of all of the applicable opinions.)

6. State the specific facts upon which the current PCR claim for relief is based. State the legal grounds on which your petition is based and provide the specific relief being sought. (Do not include arguments or citations here. They may be submitted in a separate memorandum of law).

Use as many pages as needed.

VERIFICATION

I, _____, have reviewed the allegations
(Defendant/petitioner name)

of the above petition and do verify upon my personal knowledge that they are true and correct.

(Signature of defendant/petitioner)

DATE: _____

Defendant's Name, Address
and SBI or Prison Number

**Rule 3:22 Post Conviction Relief
(Form 1)**

STATE OF NEW JERSEY)

COUNTY OF) SS:

AFFIDAVIT OF INDIGENCY

The petitioner being duly sworn according to law, upon his oath, deposes and says:

1. I desire to petition for Post Conviction Relief under Rule 3:22 et seq.

2. I was convicted of the offense(s) of: _____

_____ by the Superior Court of

_____ County. I was sentenced by Judge _____

on the date of _____, and I am presently confined at _____

_____.

3. I am unable to obtain funds from anyone, including my family and friends and represent that I am poor and that the following statements are true to the best of my information and belief:

(a) Money (State whether you have any money in any account, bank, institutional account or in any other place. State if you owe any money to anyone and the amount.)

(b) Automobile (State whether you own a car, if so, give the year, make and the amount you owe on it, if any. Give location of car.)

(c) Real Estate (State if you own real estate, it's value, location and Mortgage or liens thereon.)

(d) Insurance (Specify whether you have any insurance which has a cash value: (Give the amount of cash value and the company's name.)

(e) Other Property (Specify any other property you own and its value, excluding clothing and personal effects.)

(f) Marital Status (Specify here whether you are now married, the income of your spouse, name and ages of your children.)

(g) Prior Employment (State here the employment you last held before your conviction and the salary earned.)

(h) Social Security Number: _____.

(i) Previous Representation by Counsel (Give the name(s) of private or court appointed counsel who represented you at trial (or plea) and on appeal in the present PCR matter.

4. If you desire to have counsel appointed to represent you in this post-conviction proceeding, check either, YES () or NO ()

If yes, you are advised that Public Defender services are not free. You will be billed by the Office of the Public Defender for the services it provides you. And a lien may be filed on all property that you own or shall own in the future. If you cannot afford to pay, representation will not be denied, and you will still receive legal services to the same extent as if you were able to pay.

5. In making this Affidavit, I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(NAME)

Subscribed and Sworn to before me

This _____ day of _____, 20 _____.

Signature of Notary Public of New Jersey