



## New Jersey Judiciary Driving While Intoxicated Post-Conviction Relief Petition for State v. Cassidy Matters

This form is for use by defendants arrested and convicted of driving while intoxicated (DWI) between 2008 and 2016 and who provided breath samples on a breath-testing instrument calibrated by a former New Jersey State Police sergeant who failed to follow the proper protocol. In State v. Cassidy, 235 N.J. 482 (2018), the Supreme Court determined that the sergeant's failure to follow all required protocols affected the reliability of breath samples submitted on breath-test instruments he calibrated. The Court determined that those breath-test results are not admissible in court.

**Note:** This form is to be used only by those seeking relief from a DWI conviction impacted by the Cassidy decision. It may not be used for any other relief. All other requests for relief must be filed with the originating court pursuant to the Rules of Court. This form may also be completed and submitted by attorneys on behalf of their clients.

<b>Petitioner Identification</b>			
Defendant First Name	Defendant Middle Initial	Defendant Last Name	
Defendant Current Home Address: Street			
City		State	Zip Code
Superior Court or Municipal Court where conviction took place:			
Other Names used by defendant ( <i>if applicable</i> )		Defendant Daytime Telephone ( <i>Include area code</i> )	
Defendant Driver's License DL #: _____	State: _____	Defendant Email	
<b>Case Identification</b> (Provide as much information as possible to enable the court to identify the complaint(s))			
Complaint/Ticket Number(s) if known	Are you currently under a license suspension because of this conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Attorney Information</b>			
Does an attorney currently represent the defendant in this petition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the answer is yes to the above question, please provide the attorney's name, address, and telephone number so that notifications may be provided.			
Attorney Name			
Attorney Address: Street			
City		State	Zip Code
Attorney Telephone	Attorney Email		

**Driving While Intoxicated Post-Conviction Relief Petition for State v. Cassidy Matters**

Petitioner Name: \_\_\_\_\_

If you are the defendant and require the services of an attorney to represent you in this matter, but cannot afford one, you may be eligible to have counsel assigned to you at no cost. To request the services of assigned counsel, please complete the form below entitled, "Financial Questionnaire to Establish Indigency – Municipal Courts".

**Certification Pursuant to New Jersey Court Rule 1:4-4(b)**

- I certify that I am the defendant in this matter. 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.
  
- I \_\_\_\_\_ am the attorney for the defendant indicated above and have been authorized by my client to submit this petition on their behalf.

\_\_\_\_\_  
Signature (type name if submitting electronically)

\_\_\_\_\_  
Date

Once you have completed the application (and the Financial Questionnaire to Establish Indigency Form, if applicable, below), save the form by right clicking and selecting "Save". Then email the completed form to the court at [cassidydwicases.mailbox@njcourts.gov](mailto:cassidydwicases.mailbox@njcourts.gov).

Finally, if you have any difficulty submitting the form(s) electronically, you may print, complete, sign, and mail to:

Administrative Office of the Courts  
Municipal Court Services Division  
RJ Hughes Justice Complex – PO Box 986  
Trenton, NJ 08625-0986

If you are seeking relief on more than one case, a separate form must be completed for each case.

**Complete the form below ONLY if you want an attorney to represent you in this matter and cannot afford to hire your own attorney. The court will review your request and a public defender may be appointed to represent you in this matter.**



The courthouse is accessible to those with disabilities. Please notify the court if you will require assistance.



**Complete this form ONLY if you seek to have an attorney represent you in this matter  
and you cannot afford to hire your own attorney.**



**Municipal Courts of New Jersey  
Financial Questionnaire to Establish Indigency  
for State v. Cassidy Matters**



**Part I - General Information**

Application by  Defendant  
 Parent or Guardian if Defendant is Under 18 or Incompetent

For:  Indigent Defense Services\*  
 Installment Payment of Fines/Penalties

\*Note: if you are applying for indigent defense services, you may be charged with an application fee.

Are you receiving welfare or participating in another government based income maintenance program?  Yes  No

Are you only completing this form for installment payments of your fine?  Yes  No

Are you only charged with traffic or parking offenses?  Yes  No

**If you answered "Yes" to all of the above 3 questions, go to Part VII and complete the Certification.**

Complaint Number(s) \_\_\_\_\_ Number of Co-Defendants \_\_\_\_\_

Charges \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Eye Color \_\_\_\_\_

Sex  Male  Female Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ How long at the above address? \_\_\_\_\_ Marital Status  
 Married  Single  Separated  Divorced  Widowed

Number of those you support (children or other family members) \_\_\_\_\_ Which income tax returns did you file last year?  
 Federal  State  None

Have you posted bail for this charge?  Yes  No If yes, name and address of bail bond agency or person who posted bail \_\_\_\_\_ Amount Posted  
 \$ \_\_\_\_\_

**Part II – Employment History**

Are you now employed?  Yes  No If yes, length of employment? \_\_\_\_\_

Current employer, if employed. If unemployed, last employer and date last employed. \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Position Held \_\_\_\_\_

**Part III – Income and Assets (include all assets you own by yourself or with someone else)**

Gross Wages (before all deductions for taxes, etc.) \$ \_\_\_\_\_ per  Week  2 weeks  Month

Other Income Received Monthly (for example: welfare, social security, unemployment compensation, worker's comp, disability pension)					\$ _____
Do you receive alimony or child support?		By court order?		Amount received monthly	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____	
Does anyone contribute to the payment of your expenses?			If yes, who?		Total amount contributed monthly
<input type="checkbox"/> Yes <input type="checkbox"/> No					\$ _____
<b>Monthly Income - All Sources</b>					Monthly Income - All Sources \$ _____
Checking Account: Bank		Account Number		Balance	
				\$ _____	
Savings Account: Bank		Account Number		Balance	
				\$ _____	
Other Cash Available				Amount	
				\$ _____	
Real Estate Owned?	Address			Current Value	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe			\$ _____	
	Address			Current Value	
	Describe			\$ _____	
Vehicle/Vessel	Year	Make	Model	Current Value	
<input type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Moped <input type="checkbox"/> Boat				\$ _____	
Other Personal Property?	Item			Current Value	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe			\$ _____	
<b>Total Assets</b>					Total Assets \$ _____
<b>Part IV – Expenses and Liabilities</b>					
Do you have a mortgage?	Do you pay rent?	Do you live in a halfway house?		Monthly payment	Balance owed
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____	\$ _____
Do you have outstanding loan(s) (car, home, personal, etc.)?				Total monthly payment	Total balance owed
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$ _____	\$ _____
Do you owe insurance premiums and/or surcharges?				Total monthly payment	Total balance owed
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$ _____	\$ _____
Do you owe medical expenses – doctor/hospital/other?				Total monthly payment	Total balance owed
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$ _____	\$ _____
Do you owe credit card balances?		Credit Limit		Total monthly payment	Total balance owed
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____		\$ _____	\$ _____
Do you owe court fines/penalties/costs?				Total monthly payment	Total balance owed
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$ _____	\$ _____
Are you required to pay child support and/or alimony?				Total monthly payment	Total balance owed
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$ _____	\$ _____
Do you pay for living expenses (food, clothing, utilities, transportation, etc.?)				Monthly Amount	Living expenses owed
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$ _____	\$ _____

Do you owe money for attorney fees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total monthly payment \$ _____	Total balance owed \$ _____
<b>Total Liabilities</b>		<b>Total monthly payment</b> \$ _____	<b>Total Liabilities</b> \$ _____
<b>Total Net Worth</b>	<b>Total Assets</b> \$ _____	<b>Total Liabilities</b> \$ _____	<b>Total Net Worth</b> \$ _____

**Part V – Attorney Information**

Can you afford to pay for an attorney?       Yes       No      If yes, how much? \_\_\_\_\_

Can parents, guardians, relatives or friends help you pay for an attorney?       Yes       No

Did a private attorney ever represent you       Yes       No

Name of Attorney	Address	Phone number
Who paid for attorney?	Amount Paid \$ _____	

**Part VI– Authorization**

I authorize the court or the Administrative Office of the Courts to conduct such investigation as may be necessary to verify my financial status, which may include but may not be limited to a review of my credit history, state and/or federal income tax returns, wage records, bank accounts and other financial institution records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness, Name and Position

\_\_\_\_\_  
Date

Do you need  
An interpreter       Yes       No      Indicate Language \_\_\_\_\_  
An accommodation for a disability?  Yes       No      Requested accommodation \_\_\_\_\_

**Part VII– Certification Pursuant to New Jersey Court Rule 1:4-4(b)**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Court Use Only**

Counsel Assigned <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Fee <input type="checkbox"/> Assessed \$ _____ <input type="checkbox"/> Waived <input type="checkbox"/> Partial Payment Schedule _____
Counsel Denied - Reasons	
Approved by Judge <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Signature	_____ Date
Notes	