



New Jersey Judiciary
Criminal Division
**Application to Suspend Employment/Occupational Disabilities Related to
Criminal Convictions**

Name

Address: Street	City	State	Zip Code
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Telephone

I am seeking suspension of the following employment/occupational disabilities related to my criminal conviction.

Reason(s) for seeking suspension (attach separate page if necessary)

Employment/occupational disability is due to the following conviction:

Date of Sentence:	Indictment/Accusation/Complaint Number:
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Charge(s):

_____ s/ _____ J.S.C.

cc: Prosecutor (County Prosecutor or Attorney General)