New Jersey Courts	
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## New Jersey Judiciary **Criminal Division**

## Application to Suspend Employment/Occupational Disabilities Related to

Independence Integrity Fairness - Quality Service  Criminal Convictions			
Name			
Address: Street	City	State	Zip Code
Telephone			
I am seeking suspension of the following my criminal conviction.	g employment/occup	ational disabiliti	es related to
Reason(s) for seeking suspension (attach	n separate page if nec	cessary)	
Employment/occupational disability is d	ue to the following o	conviction:	
Date of Sentence:	Indictment/Accusat	ion/Complaint N	umber:
Charge(s):  S/ Date			J.S.C.

cc: Prosecutor (County Prosecutor or Attorney General)