Attorney Name:	· • • • • • • • • • • • • • • • • • • •
NJ Attorney ID Number:	
Address:	<u>-</u>
Email:	
Defendant/Juvenile Information Defendant/Juvenile Name:	
Address:	
Email:	
State Bureau of Identification (SBI) Number, if available: Date of Birth:	
State of New Jersey	Superior Court of New Jersey Division
Plaintiff,	OR
V.	Municipal Court:
	Docket Number/
Defendant/Juvenne.	Complaint Number/ Accusation Number/ Indictment Number:
	Motion
	Requesting Judicial Review of
	Certain Marijuana and Hashish
	Cases Pursuant to The Marijuana
	Decriminalization Law, <u>L. 2021, c. 19</u>
Take notice that the undersigned requests judicial re	view in the matter of State of NI v
(defendant/juvenile name)	, charged with the
offense(s) listed below;	

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Date of Offense	N.J.S.A. Statute Number	Disposition (if applicable)	Date of Disposition (if applicable)	
arising out of (municipality) as set forth in (original indictment/accusation/summons/warrant/complaint/FJ or FO docket number) .				
I request that the court review the matter set forth above for the following reason (check one):				
☐ Should be dismissed or vacated and dismissed pursuant to N.J.S.A. 2C:35-23.1.				
☐ Should not have been dismissed/vacated/expunged.				
☐ Other:				
Please provide reason(s) for your request below:				
Date	<u></u>	ignature		

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