BOROUGH OF SHREWSBURY MUNICIPAL COURT

419 Sycamore Ave., PO Box 7420, Shrewsbury, NJ 07702 Telephone: 732-842-2868 Fax: 732-842-3208 Office Hours: 9:00 am to 5:00 pm, Monday thru Friday

AUTHORIZATION TO APPLY BAIL AGAINST FINE(S) AND COSTS and WAIVER OF RIGHTS STATE OF NEW JERSEY V. Defendant Summons No. _____ Offense(s) I am the Defendant and have not appeared in the Shrewsbury Municipal Court where I was charged with the above offense(s): BY VOLUNTARILY SIGNING THIS WAIVER AND AUTHORIZATION, I UNDERSTAND AND AGREE THAT (1) I GIVE UP MY RIGHT TO HAVE A LAWYER; AND (2) I PLEAD GUILTY AND I GIVE UP MY RIGHT TO A TRIAL; AND (3) I ADMIT THAT I FAILED TO APPEAR IN COURT ON THE DATE AND TIME SCHEDULED FOR MY CASE; AND (4) A RECORD OF THIS OFFENSE WILL BE SENT TO THE DIVISION OF MOTOR VEHICLES THAT ISSUED MY DRIVERS LICENSE AND WILL BECOME PART OF MY DRIVING RECORD. I REQUEST AND AUTHORIZE THE MUNICIPAL COURT TO APPLY THE BAIL OF \$ AGAINST THE TOTAL AMOUNT OWED, WHICH INCLUDES FINES, COURT COSTS, FAILURE TO APPEAR FEES AND CONTEMPT OF COURT ASSESSENTS. I ALSO CERTIFY THAT MY ADDRESS AND DRIVER'S LICENSE NUMBER BELOW ARE CORRECT: Defendant's Signature Date Driver's License **Issuing State**

Address