

STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF STATE POLICE DEFENDANT IDENTIFICATION REQUEST FORM	DEFENDANT'S NAME	DATE
	ADDRESS	

Pursuant to *N.J.S.A. 53:1-15* and *N.J.S.A. 53:1-18.1*, you are hereby requested to report to the _____
_____ State Police facility located at _____ on _____
at _____ a.m. / p.m. for identification procedures relative to the charge of _____
which has been filed against you.

If you cannot appear on the date and time stated, contact the State Police at _____
without delay.

NOTICE:

ANY PERSON WHO REFUSES TO SUBMIT TO SUCH IDENTIFICATION PROCEDURES (AS OUTLINED IN
N.J.S.A. 53:1-15 AND *N.J.S.A. 53:1-18.1*) SHALL BE A DISORDERLY PERSON PURSUANT TO *N.J.S.A. 2C:29-1*
AND WILL BE PROSECUTED BY THE NEW JERSEY STATE POLICE.