



JON S. CORZINE
GOVERNOR

State of New Jersey
NEW JERSEY STATE PAROLE BOARD
P.O. BOX 862
TRENTON, NEW JERSEY 08625
TELEPHONE NUMBER: (609) 292-4257

YOLETTE C. ROSS
CHAIRMAN

Application for Certificate of Rehabilitation

(Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures)

Instructions: All questions must be answered in full. Use typewriter or print legibly in ink. You may attach additional sheets to provide the information required; please number your answers accordingly. Send the completed application to:

**New Jersey State Parole Board
PO Box 862
Trenton, NJ 08625-0862**

NAME: _____
ADDRESS: _____
TEL. #: _____

I am requesting a Certificate for the following reason (state reason for Certificate and/or identify the specific license or public employment position you are seeking):

1. List any other names by which you have been known:

2. Provide all previous NJDOC, SBI #, or other identification numbers:

3. List Date of Parole:

District Office # (or location): _____
Max Date (end of supervision): _____

Did you successfully complete your parole term without any violation of parole or sanction?

Yes No

If you answered No, explain how you violated parole and the Final Revocation Decision made by the Board Panel:

4. Date of Birth: _____
Soc. Sec. #: _____
Drivers Lic. # (State): _____

5. Have you been arrested since your release from parole supervision? If so, list the date of arrest, the specific offense, and the arresting agency or Police Dept.:

6. List all final Court disposition(s) pertaining to any arrest noted in item # 5:

Date of Sentence	Location of Court	Sentence, Fine, etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Do you currently have a pending charge against you?

Yes No

If yes, list the date of arrest, specific offense, and arresting agency or Police Dept.:

8. List each term of community supervision – Parole and/or Probation:

Agency	Date Supervision Began	Date of Discharge	Violation?

9. List each instance or occasion you were incarcerated in a State or County correctional facility (NJ and any other jurisdictions must be included):

Name and Location of Facility	Date Entered	Date Released

10. List all offenses for which you have been convicted as an adult offender or adjudicated delinquent as a juvenile offender. You must include the specific offense type and degree of the offense for which you were convicted or adjudicated delinquent (ex. Robbery – 2nd degree; or Poss CDS – 3rd degree):

11. Have you been the subject of any action under the Prevention of Domestic Violence Act or had a restraining order placed against you since your release from parole supervision?

() Yes () No

If yes, please explain in detail:

12. Have you ever been arrested or convicted of any offense involving the Use or Possession of a Controlled Dangerous Substance or illegal drugs?

Yes No

13. Was the use of alcohol or drugs involved in the commission of any offenses noted in your criminal history?

Yes No

If yes, please explain in detail:

14. Were you ever convicted or found guilty of Driving Under the Influence of Alcohol or Drugs?

Yes No

If yes, please explain in detail including date of offense and disposition:

15. Have you ever had your driving license privileges revoked or suspended?

Yes No

If yes, please explain in detail:

16. Have you received any Motor Vehicle summons or traffic tickets since your release on parole or termination of parole supervision?

() Yes () No

If yes, please explain in detail:

17. Have you ever received treatment for alcohol use and/or drug addiction?

() Yes () No

If yes, please complete the following detailing each occasion for treatment:

Name of treatment facility: _____

Location: _____

Date treatment began: _____ Date discharged: _____

Reason for discharge:

Did you successfully complete the treatment plan?

() Yes () No

If No, please explain:

Are you now or did you continue to participate in outpatient alcohol or drug counseling since your release from parole supervision?

() Yes () No

If yes, please explain what type of outpatient counseling, where, how often, why?

18. List each job you have held following your release and provide the requested information for each employment:

EMPLOYER: _____
Dates of employment: from _____ to _____
Position or job title: _____
Nature of work: _____
Salary or hourly wage: _____
Reason for leaving: _____

EMPLOYER: _____
Dates of employment: from _____ to _____
Position or job title: _____
Nature of work: _____
Salary or hourly wage: _____
Reason for leaving: _____

EMPLOYER: _____
Dates of employment: from _____ to _____
Position or job title: _____
Nature of work: _____
Salary or hourly wage: _____
Reason for leaving: _____

19. List any community service you have been involved with or organizations of which you are an active member:

20. List any certificates, awards, degrees, achievements or anything you are especially proud of accomplishing since you were released on parole:

You may include additional pages for any answers to any of the questions on this application.

You may also attach documents you believe support your request for this Certificate.

NOTE: This application is subject to a complete investigation. You shall also be required to provide any additional information or documents deemed necessary by the Board in consideration of your request for a Certificate.

Please attach testimonial letters from at least two (2) persons who have knowledge of your community adjustment since your release on parole and, if possible, who are aware of your commitment offense. Or attach a statement explaining why you may not furnish such testimonial letters on your behalf.

Applicant's Signature: _____

Sworn and subscribed to before me this
_____ Day of _____ 20____
at _____
in the County of _____
State of _____

(Notary Public or other authorized to administer oaths)