

Form 5: Cover Letter

(Your name)

(Your address)

(City State ZIP Code)

(Your phone number)

(E-mail Address)

Office of the Attorney General
Hughes Justice Complex
Post Office Box 080
Trenton, New Jersey 08625-0080

Superintendent, New Jersey State Police
Expungement Unit
Post Office Box 7068
West Trenton, New Jersey 08628

Judge, _____
(Name of Municipal court)

(Address)

Chief, _____
(Name of Police department)

(Address)

Prosecutor, _____
(County)

(Address)

(If applicable)
Warden/Administrator, _____
(Name of jail/prison)

(Address)

(For conditional discharge or pretrial intervention)
Chief Probation Officer, _____
(County)

(Address)

(For State Grand Jury cases)
Division of Criminal Justice
Attention: Records and Identification
25 Market Street
Post Office Box 085
Trenton, New Jersey 08625

RE: EXPUNGEMENT HEARING: _____, _____
(Date) (Time)

Reference No. _____

Dear Sir/Madam:

Enclosed are copies of the Petition(s) for Expungement, Order for Hearing, and Proposed Final Order in this matter.

Sincerely,

(Your signature)