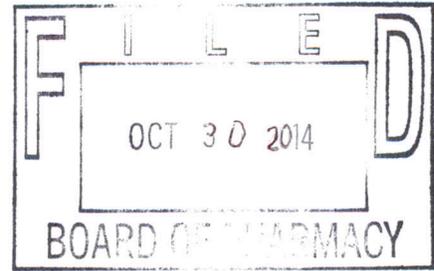


John Hoffman
ACTING ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
Attorney for the Board of Pharmacy



BY: Megan Cordoma
Deputy Attorney General
(973) 648-4730

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PHARMACY

IN THE MATTER OF THE SUSPENSION OR :
REVOCAION OF THE REGISTRATION OF :
:
ERIC M. GONZALEZ : ADMINISTRATIVE ACTION
Registration No.:28RW01891900 :
:
:
TO PRACTICE AS A PHARMACY :
TECHNICIAN IN THE STATE OF :
NEW JERSEY :

This matter was opened to the New Jersey State Board of Pharmacy (hereinafter "the Board") upon receipt of information which the Board has reviewed and on which the following preliminary findings of fact and conclusions of law are made:

FINDINGS OF FACT

1. Eric M. Gonzalez ("Respondent") is a registered pharmacy technician in the State of New Jersey and has been registered at all times relevant hereto. He failed to renew his registration,

allowing it to expire effective October 3, 2014. (See L2K printout, attached and made a part hereto as **Exhibit A**).

2. On or about July 22, 2014, Respondent provided a handwritten, voluntary, signed statement to Ed Hargrove, CVS Regional Loss Prevention Manager, admitting that he stole approximately 3,000 tablets of Alprazolam 1mg and approximately 1000 tablets of Alprazolam 2mg from the CVS store in which he was employed as a registered Pharmacy Technician. Respondent admitted that he sold the drugs to unnamed individuals who did not possess valid prescriptions. Respondent agreed to make restitution to CVS in the amount of \$1,686.49. (See Respondent's written statement and Promissory Note, annexed hereto as **Exhibit B**).

3. On or about July 22, 2014, Respondent was arrested by Trenton Police Department for theft and distribution of controlled dangerous substances in violation of N.J.S.A. 2C:20-3a [Theft of Movable Property], N.J.S.A. 2C:35-5A(1) [Manufacture/Distribute Controlled Dangerous Substance] and N.J.S.A. 2C:35-10A(1) [Possess Controlled Dangerous Substance or Analog]. (See Flagging Notice dated July 23, 2014, annexed hereto as **Exhibit C**).

4. The Board sent a letter of inquiry to Respondent's address of record in Trenton, New Jersey, via regular and

certified mail, requesting certain information and the submission of documents. (See Board letter dated July 25, 2014 and a copy of the Return Receipt, annexed hereto as **Exhibit D**).

5. Respondent replied and took full responsibility for the theft of approximately 4,000 tablets of Alprazolam from CVS. Respondent also provided information regarding his current employment and copies of the Trenton Municipal Court Complaint-Summons issued against Respondent on July 22, 2014. (See Respondent's submissions to the Board, annexed hereto as **Exhibit E**).

CONCLUSIONS OF LAW

Respondent's theft and unlawful distribution of medication, including controlled dangerous substances, without valid prescriptions, provides grounds to take disciplinary action against Respondent's registration to practice pharmacy in the State of New Jersey pursuant to N.J.S.A. 45:1-21 (b), (e), and (f) in that Respondent has engaged the use or employment of dishonesty, fraud, deception, and misrepresentation, has engaged in multiple acts of professional misconduct, and has engaged in acts constituting a crime or offense of moral turpitude and/or relating adversely to the activity regulated by the Board.

ACCORDINGLY, IT IS on this 30th day of October, 2014,

ORDERED that:

UPON THE FILING OF A FINAL ORDER IN THE MATTER:

1. Respondent's certification to practice as a pharmacy technician be and hereby is suspended for five (5) years and until further order of the Board.

2. Respondent shall cease and desist from engaging in practice as a pharmacy technician, which includes but is not limited to the following: Respondent shall not retrieve prescription files or patient files; shall not prepare medication labels; shall not engage in data entry for any pharmacy, shall not count, weigh, measure, pour or compound prescription medication or stock prescription legend drugs or controlled substances; shall not fill an automated medication system; shall not accept authorization for a prescription refill or renewal; shall not handle anything requiring a prescription, including devices and medications; Respondent shall not handle prescriptions; and shall not be present within a prescription filling area of a pharmacy.

3. Any practice in this State prior to such reinstatement shall constitute grounds for a charge of unlicensed practice.

4. Respondent shall immediately surrender his original registration to: Executive Director Anthony Rubinaccio, Board of Pharmacy, P.O. Box 45013, Newark, New Jersey 07101.

5. Prior to any restoration, Respondent shall:

- A. Appear before the Board or a committee thereof to discuss his readiness to reenter practice as a pharmacy technician. At that time, Respondent shall be prepared to propose his plans for future practice in New Jersey and shall demonstrate evidence of rehabilitation to the Board's satisfaction.
- B. Undergo an in-depth psychological or psychiatric evaluation by a practitioner pre-approved by the Board or the PAP who is experienced in addiction therapy. Respondent authorizes the Board to provide the practitioner with copies of all documents relevant to Respondent's criminal activities and alleged professional misconduct and with a copy of this Order and Respondent shall ensure that the practitioner has these documents prior to initial evaluation. Respondent shall ensure that the practitioner provides the Board with a written evaluation regarding Respondent's ability to practice pharmacy in a manner protective of the public health, safety and welfare and Respondent shall provide the Board with documentary proof that she has complied with any recommendations made by the practitioner.
- C. Provide the Board with complete treatment records of all diagnostic and rehabilitative therapy from each and every mental health professional (including, but not limited to:

psychologists, psychiatrists, counselors, and therapists) who have participated in respondent's care and/or treatment during the period of time from the date the within Order is filed to her appearance before the Board or a committee thereof to discuss his readiness to reenter practice as a pharmacist.

- D. Provide the Board with discharge summaries from any in-patient programs and reports from each and every mental health professional (including but not limited to: psychologists, counselors, therapists, psychiatrists) who have participated in Respondent's care and/or treatment for the disability in this matter during the period of time from the date the within Order is filed to his appearance before the Board.
- E. Affirmatively establish his fitness, competence and capacity to actively practice as a pharmacy technician.
- F. Provide the Board with a full account of his conduct during the intervening period of time from the entry of this Order to his appearance pursuant to this Order.
- G. Provide documentation of successful completion of all application requirements including a Criminal History Background check and payment of all reinstatement fees.

6. The within order shall be subject to finalization by the Board at 5:00 p.m. on the 30th day following entry hereof unless

Respondent requests a modification or dismissal of the above stated Findings of Fact or Conclusions of Law by:

a) Submitting a written request for modification or dismissal to Anthony Rubinaccio, Executive Director, State Board of Pharmacy, 124 Halsey Street, P.O. Box 45013, Newark, New Jersey 07101.

b) Setting forth in writing any and all reasons why said findings and conclusions should be modified or dismissed.

c) Submitting any and all documents or other written evidence supporting Respondent's request for consideration and reasons therefor or offered in mitigation of penalty.

7. Any submissions will be reviewed by the Board and the Board will thereafter determine whether further proceedings are necessary. If no material discrepancies are raised through a supplemental submission during the thirty-day period, or if the Board is not persuaded that the submitted materials merit further consideration, a Final Order of Discipline will be entered.

8. In the event that Respondent's submissions establish a need for further proceedings, including, but not limited to an evidentiary hearing, Respondent shall be notified with regard thereto. In the event that an evidentiary hearing is ordered,

the preliminary findings of fact and conclusions of law contained herein may serve as notice of the factual and legal allegations in such proceeding. Further, in the event a hearing is held and upon review of the record, the Board shall not be limited to the findings, conclusions, and sanctions stated herein.

NEW JERSEY STATE BOARD OF PHARMACY

By: Thomas F.X. Bender, Jr. R.Ph.
Thomas F.X. Bender, R.P.H.
Board President

EXHIBIT A

Quick Lookup Summary Report

Prefix First Name Middle Name Last Name Suffix
Eric M Gonzalez

SSN: [REDACTED] Date Of Birth: [REDACTED] Date of Death:

License Type: Pharmacy Technician

Obtained By: Application

License No: 28RW01891900

Expiration Date: 08/31/2014

Probation?

Issue Date: 02/06/2013

Limitation?

Last Renewal:

Restriction?

License Status: Expired

Date This Status: 10/03/2014

Address of Record

[REDACTED]

[REDACTED]

Date This Address: 02/06/2013

EXHIBIT B

LP VOLUNTARY STATEMENT

I, Eric Gonzalez
(Please Print)

hereby make this statement voluntarily to CVS/pharmacy and to

ED HARGrove

on 7/22/14 at 10:10 Store # 1967

I understand that I am making this statement of my own free will without any threat, promise, or coercion.

Address:

[Redacted]

Phone: [Redacted] DOB: [Redacted]

Q = Question by ED HARGrove

A = Answer by Eric Gonzalez

W = Witness by Mike

Q. What is your current title and length of service at CVS/pharmacy?

A. Pharmacist Assistant for two
years

Q Did I speak to you about
a loss prevention issue today?

A Yes, missing alprazolam

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: Eric Gonzalez DATE: 7/22/14 TIME: 10:15

WITNESS: [Signature] DATE: 7/22/14 TIME: 10:15

WITNESS: [Signature] DATE: 7/22/14 TIME: 10:15

STATEMENT

Q Did you steal Alprazolam
1mg and 2mg?

A. Yes

Q How many Alprazolam
1mg did you steal?

A. 3000

Q When was the first
time you stole 1mg Alprazolam?

A. May of 14

Q When was the last time
you stole 1mg Alprazolam?

A. 7/22/14

Q How many Alprazolam
2mg did you steal?

A. 1000 tabs.

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: Eric Donnelly DATE: 7/22/14 TIME: 10:19

WITNESS: [Signature] DATE: 7/22/14 TIME: 10:19

WITNESS: [Signature] DATE: 7/22/14 TIME: 10:19

REFERENCES:

- 1. Forms File Cabinet - LP Voluntary Statement

RESOURCES:

- 1. Dave St. Angelo, Ext. 5052
- 2. Angie Spinoia, Ext. 2468

Last Updated: October 15, 2012

Q When was the last time you stole 2mg Alprazolam?

A approximately last week

Q When was the first time you stole Alprazolam?

A May 2014

Q How did you steal the 1mg and 2mg Alprazolam?

A End of my shift I would just put it in my pocket and leave

Q Did anyone else know you were stealing the Alprazolam?

A Matt but he didn't participate in taking alprazolam

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: [Signature] DATE: 7/22/14 TIME: 10:24

WITNESS: [Signature] DATE: 7/22/14 TIME: 10:24

WITNESS: [Signature] DATE: 7/22/14 TIME: 10:24

REFERENCES:

- 1. Forms File Cabinet - LP Voluntary Statement

RESOURCES:

- 1. Dave St. Angelo, Ext. 5052
- 2. Angie Spinola, Ext. 2468

Last Updated: October 15, 2012

3

Q What was the total loss you caused CVS?

A. 1mg: 1,035.09 ^{EG} Qty: 3000
2mg: \$650.50 Qty: 1000
Total: 1686.49

Q Are you willing to pay CVS back the \$1686.49 loss you caused?

A Yes

Q What did you do with the 3000 Alprazolam pills you stole?

A. sold them

Q Do you still have any of the stolen pills?

A. Yeah at my home

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: Eric D'Amico DATE: 7/21/14 TIME: 10:29

WITNESS: [Signature] DATE: 7/22/14 TIME: 10:29

WITNESS: [Signature] DATE: 7/22/14 TIME: 10:29

REFERENCES:

- 1. Forms File Cabinet - LP Voluntary Statement

RESOURCES:

- 1. Dave St. Angelo, Ext. 5052
- 2. Angie Spinola, Ext. 2468

Last Updated: October 15, 2012

4

Q Why did you steal the 3000 Alprazolam Pills?

A. I took them because I needed to make extra money. What I am making now is barely getting me by. So I thought it wouldn't hurt to take some pills and sell them to help me pay for my car as well as necessities.

Q Were you treated fairly today by RLPD Ed Hargrave during this interview?

A. Yes I was definitely treated fairly.

Q Do you want to Add Anything to this Statement?

A. I apologize sincerely for my very poor decision.

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: [Signature] DATE: 7/21/14 TIME: 10:36

WITNESS: [Signature] DATE: 7/22/14 TIME: 10:36

WITNESS: [Signature] DATE: 7/22/14 TIME: 10:36

REFERENCES:

- 1. Forms File Cabinet - LP Voluntary Statement

RESOURCES:

- 1. Dave St. Angelo, Ext. 5052
- 2. Argie Spinola, Ext. 2468

(5)

Promissory Note

Store: 1467
Date: 7/22/14

I, Eric Campbell (Please Print) have acknowledged the unauthorized conversion of certain property of CVS, Inc. in a statement dated 7/22/14 and signed by me. I agree to make full restitution as set out below, or as ordered by a court of law, to CVS, Inc.

I agree to make restitution in the amount of \$ one thousand six hundred eighty-six \$ 1686.49 (Printed Amount)

Default in the payment of any installment when due, either in whole or part, at the option of CVS, Inc., shall cause the whole sum to become due and payable at once without notice. Failure to exercise this option shall not constitute a waiver of the right to exercise the same in the event of any subsequent default.

Upon default, I agree to pay all amounts due and owing pursuant to this Promissory Note, plus the cost and suit and reasonable attorney's fees.

The rights and remedies hereby given shall not affect other rights and remedies which CVS may have against the undersigned, nor shall CVS acceptance hereof, or any payment or payments hereunder, affect such other rights or remedies.

This note is not given in exchange for any promise, express or implied, regarding either the status of my employment or any other action the company may take, either civil or criminal, and is entered into by me voluntarily, without duress, and with my full knowledge and consent as to the terms herein.

In the event any portion of this promissory note shall be determined to be void for any reason, the remaining provisions of this note shall remain valid and enforceable.

[Signature]
Witness

Eric Campbell
Signature

[Signature]
Witness

7/22/14
Date

EXHIBIT C



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

needs letter

New Jersey Office of the Attorney General

Division of Consumer Affairs
Criminal History Review Unit



JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

Mailing Address:
P.O. Box 188
Trenton, NJ 08625
(609) 826-7184

FLAGGING

July 23, 2014

*Pharm Tech - Active
CHR 01891900*

To: Pharmacy Technicians Committee

REF: Eric M. Gonzalez

DOB: [REDACTED]

SS#: [REDACTED]

Applicant #: 1709282

As a result of the Flagging System, the following information has been revealed:

1. The above individual was arrested on 07/22/14, by Trenton Police Department, for 2C:20-3A, Theft of Movable Property, 2C:35-5A(1), Manufacture/Distribute Controlled Dangerous Substance, 2C:35-10A(1), Possess Controlled Dangerous Substance or Analog, Agency Case # 14007925.

Please contact this office at 609-826-7126 if you have any questions, concerning the above or dispute any of this information.

Sincerely,
Louis J. Krofka, Chief
Criminal History Review Unit (J.Mc.)

ERIC M. Gonzalez

EXHIBIT D



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

Eric M. Gonzalez

[Redacted]
[Redacted]

Via Regular and Certified Mail

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

July 25, 2014



JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

Re: **Criminal History Flagging**

The Board of Pharmacy has been notified by the New Jersey State Police that you were arrested on July 22, 2014 by the Trenton Police Department for the theft of movable property, for manufacturing and/or distributing controlled dangerous substance and for possessing controlled dangerous substance.

Before this matter is reviewed by the Board of Pharmacy to determine if the offense warrants disciplinary action under N.J.S.A. 45:1-21(f), please forward the following information within fifteen (15) business days to the Division Consumer Affairs, Health Care Reporting Unit at P.O. Box 46019, Newark, NJ 07101 using the self-addressed envelope enclosed:

A legible copy of the police report with all supporting statements, which can be obtained by visiting the police station where you were arrested.

A legible copy of the court complaint and disposition. This should include the charges, your plea, the court's judgement and the court's assessment of costs, fines, jail time and / or probation (if any). If you have completed probation, this information can be obtained by calling and visiting the Clerk of the Court where the case was heard.

However, if the case is still pending, provide the status of the case and keep this office apprized of any major developments including dismissal, transfer to the Superior Court (county level), grand jury indictment, trial dates, plea agreements, etc. Keep this office apprized of any major changes in the case status.

The name and address of your current employer, your job title and dates of employment.

A narrative statement from you regarding your version of the underlying conduct which gave rise to the underlying crime/offense for which you were arrested.

Failure to respond and provide these items within fifteen (15) business days from receipt of this letter will constitute a violation of the afore stated provisions and may result in the filing of a provisional order of discipline for suspension and imposition of monetary penalties.

Sincerely,

Anthony Rubinaccio
Executive Director

SENDER: COMPLETE THIS SECTION

- 1. Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Eric M. Gonzalez



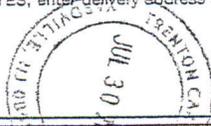
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Eric Gonzalez*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:



3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Transfer from service label) 7009 3410 0001 6635 8537

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com
OFFICIAL USE

7558 5699 1000 014E 6002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark here

Total

Sent to: Eric M. Gonzalez

Street or PO: _____

City: _____

EXHIBIT E

07/29/2014

To the Division of Consumer Affairs Board of Pharmacy,

I have received your letter on July 29, 2014 regarding my case and the complaint you received from the Trenton Police station. Along with this letter, inside the envelope are copies of both forms given to me upon leaving the station which contains the complaint and charges given. Another sheet that contains my employer information which was asked for in the letter I received and below is my narrative statement of what happened. However my current case is still pending until the date of August 14, 2014, so I am unable to give you more information about my case at this time.

On July 22, 2014, I was spoken to and questioned by a member of a Loss Prevention agency for CVS. Before making any accusations towards me about the loss of the movable property, I came clean about my childish and stupid mistake. I signed a voluntary form regarding my confession and cooperation to CVS and the state of New Jersey and handed over any left-over medication to the police. At this point in time I can only hope for the forgiveness from you the Board of Pharmacy, as well as my family. I understand that there will be consequences for my actions and I hope you accept my sincerest apologies.

Sincerely,

Eric Gonzalez

Employer Information

Employer: Janiclean Building Services

Address: 870 Ohio Avenue, Trenton, NJ, 08638

Job Title: Quality Control

Date of Employment: 07/27/2014

COMPLAINT NUMBER			
1111	S	2014	002733
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
ERIC M GONZALEZ

TRENTON MUNICIPAL COURT
225 N CLINTON AVE
TRENTON NJ 08607
(609) 989-3700 COUNTY OF: MERCER

ADDRESS: [REDACTED]

# of CHARGES 3	CO-DEFTS	POLICE CASE # 14007925
-------------------	----------	---------------------------

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: [REDACTED]

COMPLAINANT
NAME: CHARLES STEEVER, JR.

DRIVER'S LIC.# DL STATE:
SOCIAL SECURITY # [REDACTED] SBI #:
TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 07-22-2014 in TRENTON CITY MERCER County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DEFENDANT DID COMMIT THE OFFENSE OF THEFT BY UNLAWFULLY TAKING OR EXERCISING CONTROL OVER CERTAIN MOVEABLE PROPERTY, TO WIT, A TOTAL OF 4000 ALPRAZOLAM (XANAX) 1MG AND 2MG TABLETS, BELONGING TO CVS PHARMACY WITH THE INTENT TO DEPRIVE THE OWNER THEREOF, SPECIFICALLY BY TAKING THE ALPRAZOLAM TABLETS AT THE END OF HIS SHIFT WITHOUT PERMISSION AND KNOWING THAT HE WAS NOT LICENSED OR PRIVILEGED TO SO WHILE WORKING AS A PHARMACIST ASSISTANT AT THE CVS PHARMACY LOCATED AT 1100 LIBERTY STREET IN TRENTON NJ BETWEEN MAY 2014 AND JULY 22, 2014. IN VIOLATION OF NJS 2C:20-3A

3RD DEGREE OFFENSE

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY AND PURPOSELY DISTRIBUTE OR HAVE UNDER HIS CONTROL WITH INTENT TO DISTRIBUTE A CONTROLLED DANGEROUS SUBSTANCE TO WIT: ALPRAZOLAM (XANAX) 1MG AND 2MG TABLETS. IN VIOLATION OF NJS 2C:35-5A1

Original Charge	1) 2C:20-3A	2) 2C:35-5A(1)	3) 2C:35-10A(1)
Amended Charge			

CERTIFICATION:
I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.
Signed: CHARLES STEEVER, JR. Date: 07-22-2014

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.
DATE TO APPEAR: 08-14-2014 TIME: 8:30am
CHARLES STEEVER, JR. 07-22-2014
Signature of Person Issuing Summons Date

<input type="checkbox"/> Domestic Violence - Confidential	<input type="checkbox"/> Related Traffic Tickets or Other Complaints	<input type="checkbox"/> Serious Personal Injury/ Death Involved
---	--	--

Special conditions of release:
 No phone, mail or other personal contact w/victim
 No possession firearms/weapons
 Other (specify):

DEFENDANT'S COPY
Page 4 of 7 NJ/ODR1 8/1/2005

COMPLAINT NUMBER			
1111	S	2014	002733
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
[REDACTED] GONZALEZ

TRENTON MUNICIPAL COURT
225 N CLINTON AVE
TRENTON NJ 08607
(609) 989-3700 COUNTY OF: MERCER

ADDRESS: [REDACTED]
[REDACTED]

# of CHARGES 3	CO-DEFTS	POLICE CASE # 14007925
COMPLAINANT NAME: CHARLES STEEVER, JR.		

DEFENDANT INFORMATION		
SEX: M	EYE COLOR: BROWN	DOB: [REDACTED]
DRIVER'S LIC. #		DL STATE:
SOCIAL SECURITY #: [REDACTED]		SBI #:
TELEPHONE #:		

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 07-22-2014 in TRENTON CITY, MERCER County, NJ did:
3RD DEGREE OFFENSE

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY AND PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT: ALPRAZOLAM (XANAX) 1MG AND 2MG TABLETS WITHOUT FIRST OBTAINING A VALID PRESCRIPTION OR ORDER FROM A LICENSED PRACTITIONER. IN VIOLATION OF NJS 2C:35-10A1.

3RD DEGREE OFFENSE

In violation of:

Original Charge	1)	2)	3)
Amended Charge			

CERTIFICATION:
I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: CHARLES STEEVER, JR. Date: 07-22-2014

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 08-14-2014 TIME: 8:30am

CHARLES STEEVER, JR. 07-22-2014
Signature of Person Issuing Summons Date

Domestic Violence – Confidential Related Traffic Tickets or Other Complaints Serious Personal Injury/ Death Involved

Special conditions of release:
 No phone, mail or other personal contact w/victim
 No possession firearms/weapons
 Other (specify):

DEFENDANT'S COPY
Page 4 of 7 NJ/CDR1 8/1/2005