State of New Jersey
Office of the Insurance Fraud Prosecutor
Insurance Fraud Reporting Reward Application

APPLICANT INFORMATION

Name:

Address:

Phone: (H) (W) Email _____

Nondisclosure of your identity is subject to any statute, Rule of Court or judicial decision which may require divulgence of such identity to certain parties including, in certain circumstances, criminal defendants.

(a) Upon request of the applicant at the time the application is made, the OIFP and any other governmental agency involved in the criminal proceeding shall not disclose the identity of the applicant. This is subject, however, to any statute, rule of Court or judicial decision which may require divulgence of such identity to certain parties including, in certain circumstances, a criminal defendant.
(b) All information and materials received by or maintained by the OIFP pursuant to these rules are confidential and shall not be subject to public access pursuant to the Open Public Records Act.

Do you wish to keep your identity confidential? Yes ___ No__

Detailed Description of Incident:

_____
_____
_____
_____
_____
_____
_____
_____

(You may attach additional sheets if needed)
Suspect(s): Name Address

Witness(es): Name Address

_____
Signed

I hereby certify that the information provided above is true and accurate. I am aware that if any of the foregoing information is willfully false I am subject to punishment.
Date Signature of Applicant (sign only in the presence of a Notary Public)

_____ _____
Notary Public Date Notary Seal: