

COMPLAINT - WARRANT

COMPLAINT NUMBER

1712 W 2021 000325

COURT CODE PREFIX YEAR SEQUENCE NO.

SALEM CITY MUNICIPAL COURT
129 WEST BROADWAY
SALEM NJ 08079-0000
856-935-1734 COUNTY OF: **SALEM**

of CHARGES: **2** CO-DEFTS: POLICE CASE #: **I340210001**

COMPLAINANT **M** D **CRESCI**
NAME: **NEW JERSEY STATE POLICE**

THE STATE OF NEW JERSEY

VS.

MONIQUE D NOEL

ADDRESS

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **BROWN** DOB: [REDACTED]
DRIVER'S LIC. #. [REDACTED] DL STATE: **NJ**
SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED]
TELEPHONE #: [REDACTED] (c)
LIVESCAN PCN #: [REDACTED]

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 10/08/2021 in **SALEM CITY**, **SALEM** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY OR PURPOSELY DISTRIBUTE OR POSSESS WITH THE INTENT TO DISTRIBUTE CRACK COCAINE IN AN AMOUNT GREATER THAN ½ OUNCE, SPECIFICALLY BY BEING IN POSSESSION OF SAME DURING THE COURSE OF A RESIDENTIAL SEARCH WARRANT. THIS BEING IN CONTRARY TO AND IN VIOLATION OF N.J.S. 2C:35-5B(2). A CRIME OF THE SECOND DEGREE.

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY OR PURPOSELY HAVE IN HER POSSESSION OR UNDER HER CONTROL CRACK COCAINE, SPECIFICALLY BY BEING IN POSSESSION OF SAME DURING THE EXECUTION OF A RESIDENTIAL SEARCH WARRANT AT HER RESIDENCE. THIS BEING IN CONTRARY TO AND IN VIOLATION OF N.J.S. 2C:35-10A(1). A CRIME OF THE THIRD DEGREE.

in violation of:

Original Charge	1) 2C:35-5B(2)	2) 2C:35-10A(1)	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: **M D CRESCI** Date: **10/08/2021**

You will be notified of your **Central First Appearance/CJP** date to be held at the **Superior Court** in the county of **SALEM** at the following address: **SALEM COUNTY COURT**
92 MARKET STREET SALEM NJ 08079-0000
Date of Arrest: **10/08/2021** Appearance Date: Time: Phone: **856-878-5050**

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator Date Signature of Judge Date

Probable cause **IS** found for the issuance of this complaint. **DEMETRICA TODD-RUIZ JUDICIAL OFFICER** **10/08/2021**
Signature and Title of Judicial Officer Issuing Warrant Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: _____ by: _____
(if different from judicial officer that issued warrant)

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): _____

ORIGINAL

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
1712	W	2021	000325	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

MONIQUE D NOEL

FTA Bail Information		Date Bail Set: _____	Amount Bail Set: \$ _____ by: _____	<input type="checkbox"/> Bail Recog. Attached
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Released on Bail (v)	R.O.R.	Committed Default	Committed w/o Bail	Place Committed: _____	Date Referred to County Prosecutor: _____
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Date of First Appearance: _____	<input type="checkbox"/> Advised of Rights by _____	Defendant Desires Counsel: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Prosecuting Attorney Information				Defense Counsel Information					
Name:				Name:					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

Original Charge	1) 2C:35-5B(2)	2) 2C:35-10A(1)	3)
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: _____ Date: _____	Plea: _____ Date: _____	Plea: _____ Date: _____
Adjudication (* see code)	Finding Code: _____ Date: _____	Finding Code: _____ Date: _____	Finding Code: _____ Date: _____
Jail Term	Jail time credit Susp. Imp	Jail time credit Susp. Imp	Jail time credit Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: _____ Costs: _____	Fines: _____ Costs: _____	Fines: _____ Costs: _____
VCCB/SNSF	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____
DEDR/Lab Fee	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____
CD Fee/Drug Ed Fnd	CD: _____ DAEF: _____	CD: _____ DAEF: _____	CD: _____ DAEF: _____
DV Surch/Other Fees	DV: _____ Other: _____	DV: _____ Other: _____	DV: _____ Other: _____
Restitution Beneficiary: _____			

<p>Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:</p> <p>Related Traffic Tickets and Complaints:</p>	<p style="text-align: center;">* Finding Codes</p> <p>1 – Guilty 2 – Not Guilty 3 – Dismissed – Other 4 – Guilty but Merged 5 – Dismissed-Rule 6 – Dismissed Lack of Prosecution 7 – Dismissed – Pros Motion/Vic Req 8 – Conditional Discharge D – Dismissed- Prosecutor Discretion M – Dismissed- Mediation P – Dismissed-Plea Agreement S – Disposed at Superior W – Dismissed-False ID</p>
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COMPLAINT - WARRANT

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> VS. MONIQUE D NOEL	
1712	W	2021	000325	ADDRESS [REDACTED]	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
SALEM CITY MUNICIPAL COURT 129 WEST BROADWAY SALEM NJ 08079-0000 856-935-1734 COUNTY OF: SALEM					
# of CHARGES 2	CO-DEFTS	POLICE CASE #: I340210001		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: [REDACTED] DRIVER'S LIC. # [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] (c) LIVESCAN PCN #: [REDACTED]	
COMPLAINANT NAME: M D CRESCI					

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 10/08/2021 in **SALEM CITY**, **SALEM** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY OR PURPOSELY DISTRIBUTE OR POSSESS WITH THE INTENT TO DISTRIBUTE CRACK COCAINE IN AN AMOUNT GREATER THAN 1/2 OUNCE, SPECIFICALLY BY BEING IN POSSESSION OF SAME DURING THE COURSE OF A RESIDENTIAL SEARCH WARRANT. THIS BEING IN CONTRARY TO AND IN VIOLATION OF N.J.S. 2C:35-5B(2). A CRIME OF THE SECOND DEGREE.

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY OR PURPOSELY HAVE IN HER POSSESSION OR UNDER HER CONTROL CRACK COCAINE, SPECIFICALLY BY BEING IN POSSESSION OF SAME DURING THE EXECUTION OF A RESIDENTIAL SEARCH WARRANT AT HER RESIDENCE. THIS BEING IN CONTRARY TO AND IN VIOLATION OF N.J.S. 2C:35-10A(1). A CRIME OF THE THIRD DEGREE.

in violation of:

Original Charge	1) 2C:35-5B(2)	2) 2C:35-10A(1)	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: **M D CRESCI** Date: **10/08/2021**

You will be notified of your **Central First Appearance/CJP** date to be held at the Superior Court in the county of **SALEM** at the following address: SALEM COUNTY COURT
92 MARKET STREET SALEM NJ 08079-0000
Date of Arrest: 10/08/2021 Appearance Date: Time: Phone: 856-878-5050

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator Date Signature of Judge Date

Probable cause **IS** found for the issuance of this complaint. **DEMETRICA TODD-RUIZ JUDICIAL OFFICER 10/08/2021**
Signature and Title of Judicial Officer Issuing Warrant Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: _____ by: _____
(if different from judicial officer that issued warrant)

<input type="checkbox"/> Domestic Violence – Confidential	<input type="checkbox"/> Related Traffic Tickets or Other Complaints	<input type="checkbox"/> Serious Personal Injury/ Death Involved
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Special conditions of release:

No phone, mail or other personal contact w/victim

No possession firearms/weapons

Other (specify): _____

COMMITMENT

COMPLAINT NUMBER				<p><i>THE STATE OF NEW JERSEY</i></p> <p><i>VS.</i></p> <p>MONIQUE D NOEL</p>
1712	W	2021	000325	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	
<p>SALEM CITY MUNICIPAL COURT 129 WEST BROADWAY SALEM NJ 08079-0000 856-935-1734 COUNTY OF: SALEM</p>				
# of CHARGES 2	CO-DEFTS	POLICE CASE #: I340210001		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: [REDACTED] DRIVER'S LIC. # [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] (c) LIVSCAN PCN #: [REDACTED]
COMPLAINANT M D CRESCI				
NAME: NEW JERSEY STATE POLICE				
ADDRESS [REDACTED]				

To any Law Enforcement Official of New Jersey, You are commanded to transport this defendant to the Warden of this county who is required to keep the defendant in custody until a release or detention decision is made.

#	Offense	Aux Offense	Drug Code	Degree	Offense Description
1.	2C:35-5B(2)		64	2	CDS - MANU/DIST
2.	2C:35-10A(1)		64	3	POSS CDS/ANALOG
3.					
4.					

Commitment Reason: **Criminal Justice Reform**

You will be notified of your **Central First Appearance/CJP** date to be held at the Superior Court in the county of **SALEM** at the following address: SALEM COUNTY COURT
 92 MARKET STREET SALEM NJ 08079-0000

Date of Arrest: 10/08/2021

Phone: 856-878-5050

DEMETRICA TODD-RUIZ JUDICIAL OFFICER

10/08/2021

Signature and Title of Judicial Officer Issuing Warrant

Date

COMMITMENT

Affidavit of Probable Cause

COMPLAINT NUMBER				<p><i>THE STATE OF NEW JERSEY</i></p> <p><i>VS.</i></p> <p>MONIQUE D NOEL</p> <p>ADDRESS [REDACTED]</p>	
1712	W	2021	000325		
<small>COURT CODE</small>	<small>PREFIX</small>	<small>YEAR</small>	<small>SEQUENCE NO.</small>		
<p>SALEM CITY MUNICIPAL COURT 129 WEST BROADWAY SALEM NJ 08079-0000 856-935-1734 COUNTY OF: SALEM</p>					
<small># of CHARGES</small> 2	<small>CO-DEFTS</small>	<small>POLICE CASE #:</small> I340210001		<p>DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: [REDACTED] DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: [REDACTED]</p>	
<p><small>COMPLAINANT NAME:</small> M D CRESCI NEW JERSEY STATE POLICE</p>					

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:
 During the course of a residential search warrant at her residence, Troopers found and seized over 1/2 ounce of CDS crack cocaine. Specifically, five (5) blue Ziploc plastic bags containing CDS crack cocaine as well as two separate solo cups filled with suspected CDS crack cocaine ready to be packaged.

Affidavit of Probable Cause

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THE STATE OF NEW JERSEY

VS.

MONIQUE D NOEL

2. I am aware of the facts above because: (Included, but not limited to: your observations, statements of eyewitnesses, defendant's admission, etc.)

Observed by Law Enforcement.

3. If victim was injured, provide the extent of the injury:

NA

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: M D CRESCI LAW ENFORCEMENT OFFICER Date: 10/08/2021

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER				<p><i>THE STATE OF NEW JERSEY</i></p> <p><i>VS.</i></p> <p>MONIQUE D NOEL</p>
1712	W	2021	000325	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	
<p>SALEM CITY MUNICIPAL COURT 129 WEST BROADWAY SALEM NJ 08079-0000 856-935-1734 COUNTY OF: SALEM</p>				
# of CHARGES 2	CO-DEFTS	POLICE CASE #: I340210001		ADDRESS [REDACTED] DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: [REDACTED] DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] (C) LIVSCAN PCN #: [REDACTED]
COMPLAINANT M D CRESCI			NAME: NEW JERSEY STATE POLICE	

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.
- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge#
7249
- Physical evidence was seized/recovered:
 - CDS:
 - *Cocaine
- The case involves CDS and the evidence was recovered via:
 - Search warrant
- The case involves a search warrant(s).
- The case involves a consent search.

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: **M D CRESCI LAW ENFORCEMENT OFFICER** Date: **10/08/2021**