

COMPLAINT - SUMMONS

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i> MICHAEL J GAINES	
0307	S	2022	000030		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
CHESTERFIELD TWP MUNICIPAL COURT 1 MUNICIPAL DRIVE BORDENTOWN NJ 08505-0000 609-298-2802 COUNTY OF: BURLINGTON				ADDRESS WILLINGBORO NJ 08046-1414	
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 2020-04459		DEFENDANT INFORMATION	
COMPLAINANT NAME: ROSS PORTNER 25 MARKET ST P O BOX 085 TRENTON NJ 08625			SEX: M EYE COLOR: BROWN DOB: 1965 DRIVER'S LIC. #. DL STATE: NJ SOCIAL SECURITY #: xxx-xx- SBI #: () TELEPHONE #. LIVESCAN PCN #.		

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 04/08/2020 in **CHESTERFIELD TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, ON OR ABOUT APRIL 8, 2020, IN THE TOWNSHIP OF CHESTERFIELD, IN THE COUNTY OF BURLINGTON, DID KNOWINGLY MAKE, PRESENT, OFFER FOR FILING OR USE ANY RECORD, DOCUMENT OR THING KNOWING IT TO BE FALSE, AND WITH PURPOSE THAT IT BE TAKEN AS A GENUINE PART OF INFORMATION OR RECORDS BELONGING TO, OR RECEIVED OR KEPT BY, THE GOVERNMENT FOR INFORMATION OR RECORD, OR REQUIRED BY LAW TO BE KEPT BY OTHERS FOR INFORMATION OF THE GOVERNMENT, WITH THE PURPOSE TO DEFRAUD OR INJURE ANYONE, THAT IS, THE SAID MICHAEL GAINES, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS, KNOWINGLY MADE ONE OR MORE FALSE ENTRIES IN A SPECIAL CUSTODY REPORT, PREPARED BY GAINES, IN CONNECTION WITH HIS DUTIES AS A SENIOR CORRECTION POLICE OFFICER FOR THE DEPARTMENT OF CORRECTIONS AT THE GARDEN STATE YOUTH CORRECTIONAL FACILITY, IN VIOLATION OF N.J.S.A. 2C:28-7(A) (THIRD DEGREE).

in violation of:

Original Charge	1) 2C:28-7A(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: ROSS PORTNER Date: 05/24/2022

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 the Superior Court in the county of: BURLINGTON at the following address: BURLINGTON COUNTY
CRIMINAL COURTS 49 RANOCAS ROAD MT HOLLY NJ 08060-0000
If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.
Date of Arrest: 05/24/2022 Appearance Date: 06/30/2022 Time: 09:00AM Phone: 609-288-9500
Signature of Person Issuing Summons: ROSS PORTNER Date: 05/24/2022

- 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 – SUMMONS (Court Action)

COMPLAINT NUMBER**0307****S****2022****000030****STATE V.****MICHAEL J GAINES**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

FTA Bail Information

Date Bail Set: _____

Amount Bail Set: \$ _____ by: _____

 Bail Recog. Attached

Released on Bail

R.O.R.

Committed Default

Committed w/o Bail

Place Committed: _____

Date Referred to

County Prosecutor: _____

Date of First Appearance: **06/30/2022** Advised of Rights by _____

Defendant Desires Counsel:

 Yes No**Prosecuting Attorney Information****Defense Counsel Information****Name:****Name:**

State

County

Municipal

Other

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:28-7A(1)**

2)

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: _____

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:*** Finding Codes**

- 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

Related Traffic Tickets and Complaints:

JUDGE'S SIGNATURE _____

DATE _____

ORIGINAL - Court Action**Page 2 of 7**

NJ/CDR1 1/1/2017

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER

0307 S 2022 000030

COURT CODE PREFIX YEAR SEQUENCE NO.

**CHESTERFIELD TWP MUNICIPAL COURT
1 MUNICIPAL DRIVE
BORDENTOWN NJ 08505-0000
609-298-2802 COUNTY OF: BURLINGTON**

ADDRESS

THE STATE OF NEW JERSEY

VS.

MICHAEL J GAINES

WILLINGBORO

NJ 08046-1414

of CHARGES **1** CO-DEFTS POLICE CASE #: **2020-04459**

DEFENDANT INFORMATION
SEX: **M** EYE COLOR: **BROWN** DOB: **1965**
DRIVER'S LIC. #. DL STATE: **NJ**
SOCIAL SECURITY #: **xxx-xx-** SBI #: **()**
TELEPHONE #.
LIVESCAN PCN #.

COMPLAINANT NAME: **ROSS PORTNER**

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 04/08/2020 in **CHESTERFIELD TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, ON OR ABOUT APRIL 8, 2020, IN THE TOWNSHIP OF CHESTERFIELD, IN THE COUNTY OF BURLINGTON, DID KNOWINGLY MAKE, PRESENT, OFFER FOR FILING OR USE ANY RECORD, DOCUMENT OR THING KNOWING IT TO BE FALSE, AND WITH PURPOSE THAT IT BE TAKEN AS A GENUINE PART OF INFORMATION OR RECORDS BELONGING TO, OR RECEIVED OR KEPT BY, THE GOVERNMENT FOR INFORMATION OR RECORD, OR REQUIRED BY LAW TO BE KEPT BY OTHERS FOR INFORMATION OF THE GOVERNMENT, WITH THE PURPOSE TO DEFRAUD OR INJURE ANYONE, THAT IS, THE SAID MICHAEL GAINES, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS, KNOWINGLY MADE ONE OR MORE FALSE ENTRIES IN A SPECIAL CUSTODY REPORT, PREPARED BY GAINES, IN CONNECTION WITH HIS DUTIES AS A SENIOR CORRECTION POLICE OFFICER FOR THE DEPARTMENT OF CORRECTIONS AT THE GARDEN STATE YOUTH CORRECTIONAL FACILITY, IN VIOLATION OF N.J.S.A. 2C:28-7(A) (THIRD DEGREE).

in violation of:

Original Charge	1) 2C:28-7A(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: ROSS PORTNER Date: 05/24/2022

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 the **Superior Court** in the county of: **BURLINGTON**

at the following address: **BURLINGTON COUNTY**

CRIMINAL COURTS **49 RANCOCAS ROAD** **MT HOLLY** **NJ 08060-0000**

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: **05/24/2022** Appearance Date: **06/30/2022** Time: **09:00AM** Phone: **609-288-9500**

Signature of Person Issuing Summons: ROSS PORTNER Date: 05/24/2022

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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				THE STATE OF NEW JERSEY <i>VS.</i> MICHAEL J GAINES
0307	S	2022	000030	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	
CHESTERFIELD TWP MUNICIPAL COURT 1 MUNICIPAL DRIVE BORDENTOWN NJ 08505-0000 609-298-2802 COUNTY OF: BURLINGTON				ADDRESS : <p style="text-align: center;">WILLINGBORO NJ 08046-1414</p>
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 2020-04459		DEFENDANT INFORMATION SEX: M EYE COLOR: BROWN DOB: 1965 DRIVER'S LIC. #. DL STATE: NJ SOCIAL SECURITY # xxx-xx- SBI #: TELEPHONE #: () LIVSCAN PCN #:
COMPLAINANT ROSS PORTNER NAME: 25 MARKET ST P O BOX 085 TRENTON NJ 08625				

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 **04/08/2020** in **CHESTERFIELD TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, ON OR ABOUT APRIL 8, 2020, IN THE TOWNSHIP OF CHESTERFIELD, IN THE COUNTY OF BURLINGTON, DID KNOWINGLY MAKE, PRESENT, OFFER FOR FILING OR USE ANY RECORD, DOCUMENT OR THING KNOWING IT TO BE FALSE, AND WITH PURPOSE THAT IT BE TAKEN AS A GENUINE PART OF INFORMATION OR RECORDS BELONGING TO, OR RECEIVED OR KEPT BY, THE GOVERNMENT FOR INFORMATION OR RECORD, OR REQUIRED BY LAW TO BE KEPT BY OTHERS FOR INFORMATION OF THE GOVERNMENT, WITH THE PURPOSE TO DEFRAUD OR INJURE ANYONE, THAT IS, THE SAID MICHAEL GAINES, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS, KNOWINGLY MADE ONE OR MORE FALSE ENTRIES IN A SPECIAL CUSTODY REPORT, PREPARED BY GAINES, IN CONNECTION WITH HIS DUTIES AS A SENIOR CORRECTION POLICE OFFICER FOR THE DEPARTMENT OF CORRECTIONS AT THE GARDEN STATE YOUTH CORRECTIONAL FACILITY, IN VIOLATION OF N.J.S.A. 2C:28-7(A) (THIRD DEGREE) .

in violation of:

Original Charge	1) 2C:28-7A(1)	2)	3)
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Check ✓	Certification by Police Regarding Complaint-Summons
✓	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: ROSS PORTNER NJ DIVISION OF CRIM JUSTICE Date of Action: 05/24/2022
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER				<p><i>THE STATE OF NEW JERSEY</i></p> <p><i>VS.</i></p> <p>MICHAEL J GAINES</p>			
0307	S	2022	000030			ADDRESS <p style="text-align: center;">WILLINGBORO NJ 08046-1414</p>	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.				
CHESTERFIELD TWP MUNICIPAL COURT 1 MUNICIPAL DRIVE BORDENTOWN NJ 08505-0000 609-298-2802 COUNTY OF: BURLINGTON				DEFENDANT INFORMATION SEX: M EYE COLOR: BROWN DOB: 1965 DRIVER'S LIC. #. DL STATE: NJ SOCIAL SECURITY #: xxx-xx- SBI #: TELEPHONE #: () LIVESCAN PCN #:			
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 2020-04459					
COMPLAINANT ROSS PORTNER NAME: 25 MARKET ST P O BOX 085 TRENTON NJ 08625							

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:

Michael Gaines is employed by the New Jersey Department of Corrections (DOC) as a Senior Correction Police Officer. On or about April 8, 2020, at approximately 12:05 A.M., Gaines was assigned to the Garden State Youth Correctional Facility in Chesterfield Township and conducted a cell extraction of Victim 1 while on duty and working in his official capacity. During an initial approach, a Sergeant sprayed Victim 1 with Oleoresin Capsicum (OC) spray, without giving Victim 1 any opportunity to comply, and despite Victim 1 offering to be handcuffed. Gaines then joined a five-person suited team, which re-approached Victim 1's cell. The Sergeant sprayed Victim 1 with OC a second time, again without giving Victim 1 any opportunity to comply. Gaines then entered the cell and forcibly removed Victim 1. Victim 1 screamed in pain and left his cell covered in blood. Victim 1 was given an inhaler and oxygen in the infirmary, and was treated for lacerations on his face. DOC policy only permits use of force that is objectively necessary and reasonable; it requires that an inmate be given an opportunity to comply before a forced cell extraction proceeds. DOC CUS.001.UF.002, IIIA, IVF. In his special custody report, Gaines falsely stated that when the team arrived at Victim 1's cell he "was ordered to comply" and was sprayed, knowing that Victim 1 was not given any opportunity to comply. By filing a false report, Gaines intended to deceive others within the DOC into believing that the use of force on Victim 1 was justified.

Affidavit of Probable Cause

COMPLAINT NUMBER

0307

S

2022

000030

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

MICHAEL J GAINES

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

documents received during investigation, footage reviewed

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

victim was injured and received medical treatment

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: ROSS PORTNER LAW ENFORCEMENT OFFICER

Date: 05/24/2022

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER

0307**S****2022****000030**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

*THE STATE OF NEW JERSEY**VS.***MICHAEL J GAINES****CHESTERFIELD TWP MUNICIPAL COURT
1 MUNICIPAL DRIVE
BORDENTOWN NJ 08505-0000
609-298-2802 COUNTY OF: BURLINGTON**

ADDRESS

WILLINGBORO**NJ 08046-1414**# of CHARGES **1**
CO-DEFTS
POLICE CASE #: **2020-04459**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**DOB: **1965**

DRIVER'S LIC. #:

DL STATE: **NJ**COMPLAINANT **ROSS PORTNER**NAME: **25 MARKET ST
P O BOX 085
TRENTON NJ 08625**SOCIAL SECURITY #: **xxx-xx-**

SBI #:

TELEPHONE #:

()

LIVESCAN PCN #:

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 offense/incident was recorded using electronic/surveillance via:
 - Other/Explain video footage
- The defendant was known to the victim as:
 - Other/Explain inmate
- The victim was injured and:
 - Victim treated at the scene

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: **ROSS PORTNER LAW ENFORCEMENT OFFICER**Date: **05/24/2022****Preliminary Law Enforcement Incident Report****Page 7 of 7**

7/20/2018