

CONFIDENTIAL ATL-22-002313 12/27/2022 10:13:11 AM Pg 1 of 25 Trans ID: CRM20221172006
APPROVED FOR SENTENCING Page 1 of 19

Adult Presentence Report Superior Court of New Jersey, ATLANTIC County																									
<p>This report shall remain confidential and copies thereof shall not be made nor the disclosure of the contents of such report be made to third persons except as may be necessary in subsequent court proceedings involving the sentence imposed or disposition made.</p>																									
Last Name BARBER		First Name DEVON		Middle Name T																					
Also Known As		Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth 12/31/1997	Age 24	Place of Birth GALLOWAY, NJ																				
Race WHITE	Social Security Number 138-04-6917	Driver's License Number NJ-B05431658312972			Eye Color BROWN																				
Address 309 NEW LEAF CT GALLOWAY			State NJ	Zip Code 08205	Residence Phone (856) 532-5255																				
Indictment / Accusation / Complaint Number 22-09-01413-I		PROMIS Number 22 002292-001	SPN 128412	SBI Number 542255G	FBI Number C71MLM9T2																				
Original Charges 1. AGG ASSAULT-ATTEMPT/CAUSE SIGNIFICANT BODILY INJURY, 2C:12-1B(7), DEG:3; 2. POSS OF WEAPON FOR UNLAWFUL PURPOSE-- OTHER WEAPON, 2C:39-4D, DEG:3; 3. UNLAWFUL POSS WEAP - OTHER WEAPONS, 2C:39-5D, DEG:4; W-2022-003006-0180 (Cont...)		Final Charges 1. AGG ASSAULT-ATTEMPT/CAUSE SIGNIFICANT BODILY INJURY, 2C:12-1B(7), DEG:3; MDCS 10/26/22 = N, NPB ***Multiple Indictments: 1 of 2*** Marijuana Sealing:																							
Plea Agreement / Special Factors 3 Years Probation - Credit Time Served. Defendant Released on plea date - Level 3 Monitoring - Restitution - Mental Health Evaluation and follow up - Anger Management. No contact victim - TASC evaluation and follow up - waive right to appeal. Remaining counts/charges to be (Cont...)		Mandatory Minimum Sentence Pursuant to N.J.S.A. 2C: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> 11-3</td> <td style="width: 25%;"><input type="checkbox"/> 11-5</td> <td style="width: 25%;"><input type="checkbox"/> 12-2</td> <td style="width: 25%;"><input type="checkbox"/> 13-1</td> </tr> <tr> <td><input type="checkbox"/> 14-6</td> <td><input type="checkbox"/> 15-2</td> <td><input type="checkbox"/> 17-1</td> <td><input type="checkbox"/> 20-11</td> </tr> <tr> <td><input type="checkbox"/> 29-6</td> <td><input type="checkbox"/> 35-3</td> <td><input type="checkbox"/> 35-4</td> <td><input type="checkbox"/> 35-5</td> </tr> <tr> <td><input type="checkbox"/> 35-6</td> <td><input type="checkbox"/> 35-7</td> <td><input type="checkbox"/> 35-8</td> <td><input type="checkbox"/> 39-10</td> </tr> <tr> <td><input type="checkbox"/> 43-6</td> <td><input type="checkbox"/> 43-7</td> <td><input type="checkbox"/> 43-7.1</td> <td><input type="checkbox"/> 43-7.2</td> </tr> </table>				<input type="checkbox"/> 11-3	<input type="checkbox"/> 11-5	<input type="checkbox"/> 12-2	<input type="checkbox"/> 13-1	<input type="checkbox"/> 14-6	<input type="checkbox"/> 15-2	<input type="checkbox"/> 17-1	<input type="checkbox"/> 20-11	<input type="checkbox"/> 29-6	<input type="checkbox"/> 35-3	<input type="checkbox"/> 35-4	<input type="checkbox"/> 35-5	<input type="checkbox"/> 35-6	<input type="checkbox"/> 35-7	<input type="checkbox"/> 35-8	<input type="checkbox"/> 39-10	<input type="checkbox"/> 43-6	<input type="checkbox"/> 43-7	<input type="checkbox"/> 43-7.1	<input type="checkbox"/> 43-7.2
<input type="checkbox"/> 11-3	<input type="checkbox"/> 11-5	<input type="checkbox"/> 12-2	<input type="checkbox"/> 13-1																						
<input type="checkbox"/> 14-6	<input type="checkbox"/> 15-2	<input type="checkbox"/> 17-1	<input type="checkbox"/> 20-11																						
<input type="checkbox"/> 29-6	<input type="checkbox"/> 35-3	<input type="checkbox"/> 35-4	<input type="checkbox"/> 35-5																						
<input type="checkbox"/> 35-6	<input type="checkbox"/> 35-7	<input type="checkbox"/> 35-8	<input type="checkbox"/> 39-10																						
<input type="checkbox"/> 43-6	<input type="checkbox"/> 43-7	<input type="checkbox"/> 43-7.1	<input type="checkbox"/> 43-7.2																						
Offense Date 07/11/2022	Arrest Date 07/11/2022	Plea / Conviction Date 10/26/2022	Sentence Date 01/04/2023	<input checked="" type="checkbox"/> Pending Charges	<input type="checkbox"/> Detainers																				
Status <input type="checkbox"/> ROR <input checked="" type="checkbox"/> Pretrial <input type="checkbox"/> Bail <input type="checkbox"/> Jail Release		Bail Amount .00	Date Bail Posted	Interpreter Needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Language																				
Jail Time Credit			Gap Time Credit																						
From (Date) 07/11/2022	To (Date) 10/26/2022	Total Jail Time Credit Days 108	From (Date)	To (Date)	Total Gap Time Credit Days																				
			<input type="checkbox"/> Public Defender <input checked="" type="checkbox"/> Private <input type="checkbox"/> Assigned																						
Sentencing Judge Pamela D'Arcy, J.S.C.			Defense Attorney JOHN W TUMELTY Phone Number (609) 390-4600																						
Assistant Prosecutor PAIGE JEDLICKA			Address 539 SHORE ROAD PALERMO NJ 08223																						
Comments Defendant was arrested on 7/11/2022 and lodged at ACJF until released on pretrial conditions on 10/26/2022.																									
Probation Officer Carly Wright		Date Prepared	Team Leader / Supervisor LUKE WEPPY		Date Approved																				

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LAST NAME	FIRST NAME	MIDDLE NAME
BARBER	DEVON	T
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #
22-09-01413-I	22 002292-001	542255G

Additional Info, Page 1

ADULT PRESENTENCE REPORT: ORIGINAL CHARGES

DP01. SIMPLE ASSAULT-PURPOSELY/KNOWINGLY CAUSE BOD. INJURY, 2C:12-1A(1), DEG:DP;

DP02. RESIST ARR/ELUD-PREVENTS OFFICER FROM EFFECTING ARREST, 2C:29-2A(1), DEG:DP;

ADULT PRESENTENCE REPORT: PLEA AGREEMENT

dismissed.

VCCA: \$100(min), SSCP: \$75, LETF: \$30, PSF: \$____/month, DNA Sample

Total: \$205 + PSF (on this indictment only)

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Last Name BARBER	First Name DEVON	Middle Name T
Indictment / Accusation / Complaint Number 22-09-01413-I	PROMIS Number 22 002292-001	SBI Number 542255G

Summary of State's Allegations

Disclaimer for Use in Post-Sentence Proceedings:

This summary of the State's Allegations includes descriptions of charges of which the defendant may not have been found guilty by a jury or may not have pled guilty to. No inference of guilt or wrongdoing should be drawn from dismissed charges. This section must be read in conjunction with the final charges and the "Defendant's Version."

According to discovery materials:

On 7/11/2022 at approximately 1700 hours, Galloway Township Police responded to Aloe Avenue for a disturbance involving Devon Barber with an unknown weapon attacking a Joseph Hardemon. Upon arrival, Officers observed several males and Devon in the driveway. Devon was holding a crowbar in his left hand. It was also discovered that Devon had an active warrant (0180 W 2022 002993) for his arrest stemming from earlier in the day with Devon and Hardemon.

When Officers exited their vehicle, they ordered Devon to drop the crowbar to which he complied. Officers approached Devon and patted him down for additional weapons, which came up negative. At that time, one Officer grabbed Devon's arm advising him that he was being placed in handcuffs and Devon began yelling, advising he was the victim and asking why he was being arrested. Devon was visibly pulling away from the Officer's control and was advised that he was being detained at that time. Devon began walking away from the Officer while the Officer was grabbing both of his hands attempting to place him in (Cont...)

Special Factors Relative to Offense

See Victim Page for additional information.

Defendant's Version (Complete only upon application for PTI and after conviction)
Defendant to rely on statement given at time of plea.

Victim Statement(s) Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, Check Reason <input checked="" type="checkbox"/> No Response <input type="checkbox"/> Not Applicable	Date Request Made 10/26/2022
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Revised: 09/2017, CN: 10693

ATL202293707 Dec 27, 2022 10:13:12 AM

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LAST NAME	FIRST NAME	MIDDLE NAME
BARBER	DEVON	T
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #
22-09-01413-I	22 002292-001	542255G

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SUMMARY OF STATE'S ALLEGATIONS (CONT. OFFENSE INFORMATION: 1)**Disclaimer for Use in Post-Sentence Proceedings:**

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handcuffs. They began demanding Devon to get on the ground, but he continued to ignore Officers' commands and was pulling away. One Officer attempted to sweep Devon's legs out in order to place him into custody, but Devon dropped his hands out of the Officer's control and began running away from them. Officers were able to grab hold of Devon a short while later and were able to place him into custody.

Victim Joseph Hardemon advised that when Devon punched him in the face (right cheek), he stumbled back injuring his right foot when he fell on it. Joseph's foot was swollen, and he was immobilized.

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Last Name BARBER	First Name DEVON	Middle Name T			
Indictment / Accusation / Complaint Number 22-10-01440-I		PROMIS Number 22 002313-001			
Original Charges 1. TERRORISTIC THREATS-THREAT TO COMMIT CRIME OF VIOLENCE, 2C:12-3A, DEG:3;		Final Charges 1. TERRORISTIC THREATS-THREAT TO COMMIT CRIME OF VIOLENCE, 2C:12-3A, DEG:3; ***Multiple Indictments: 2 of 2***			
Plea Agreement / Special Factors <input type="checkbox"/> Trial <input checked="" type="checkbox"/> Plea See Face Sheet for plea. VCCA: \$50, SSCP: \$75, PSF: \$____/month, DNA Sample Total: \$125 + PSF (on this indictment only)		Mandatory Minimum Sentence Pursuant to N.J.S.A. 2C: <input type="checkbox"/> 11-3 <input type="checkbox"/> 11-5 <input type="checkbox"/> 12-2 <input type="checkbox"/> 13-1 <input type="checkbox"/> 14-6 <input type="checkbox"/> 15-2 <input type="checkbox"/> 17-1 <input type="checkbox"/> 20-11 <input type="checkbox"/> 29-6 <input type="checkbox"/> 35-3 <input type="checkbox"/> 35-4 <input type="checkbox"/> 35-5 <input type="checkbox"/> 35-6 <input type="checkbox"/> 35-7 <input type="checkbox"/> 35-8 <input type="checkbox"/> 39-10 <input type="checkbox"/> 43-6 <input type="checkbox"/> 43-7 <input type="checkbox"/> 43-7.1 <input type="checkbox"/> 43-7.2			
Offense Date 07/11/2022	Arrest Date 10/26/2022	Plea / Conviction Date 10/26/2022	Sentence Date 01/04/2023		
Status <input type="checkbox"/> ROR <input checked="" type="checkbox"/> Pretrial Release <input type="checkbox"/> Bail <input type="checkbox"/> Jail _____	Bail Amount .00	Date Bail Posted			
Jail Time Credit			Gap Time Credit		
From (Date) 07/11/2022	To (Date) 10/26/2022	Total Jail Time Credit Days 108	From (Date)	To (Date)	Total Gap Time Credit Days
Prosecutor Name and Address (If Different)			Attorney Name and Address (If Different)		
Comments					

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Last Name BARBER	First Name DEVON	Middle Name T
Indictment / Accusation / Complaint Number 22-10-01440-I	PROMIS Number 22 002313-001	SBI Number 542255G

Summary of State's Allegations

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According to discovery materials:

The defendant was working for the victim, Joseph Hardemon, and his partnered LLC Oak Tree Investments. They are currently in the process of rehabbing a local residence located at 1525 Aloe Street, Egg Harbor (Galloway), NJ. The defendant believed he was owed money and was attempting to take ownership of the property through his Sovereign Citizenship. The defendant had sent several threatening harassing communications through LLC's Facebook page and to the victim, Joseph Hardemon.

Special Factors Relative to Offense

See Victim Page for additional information.

Defendant's Version (Complete only upon application for PTI and after conviction)
Defendant to rely on statement given at time of plea.

Victim Statement(s) Attached

 Yes No

If No, Check Reason

 No Response Not Applicable

Date Request Made

10/26/2022

Revised: 09/2017, CN: 10003

ATL202293707 Dec 27, 2022 10:13:12 AM

CONFIDENTIAL ATL-22-002313 12/27/2022 10:13:11 AM Pg 7 of 25 Trans ID: CRM20221172006
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LAST NAME BARBER		FIRST NAME DEVON	MIDDLE NAME T	
SBI # 542255G	FBI # C71MLM9T2	PENDING CHARGES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ACTIVE BENCH WARRANTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DETAINERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

DISCUSSION OF PRIOR COURT HISTORY AND PENDING CHARGES

A review of the defendant's adult arrest record reveals 6 known arrests/complaints across 3 states; Ohio, Florida, and New Jersey with no noted PRIOR convictions. The instant matters will represent the defendant's 1st and 2nd known indictable convictions.

The defendant has pending charges out of Atlantic County Central Municipal Court for Harassment with no scheduled events. He also has an active bench warrant out of Belmont County, Ohio for Failure to Appear. A voicemail was left (740-695-7933) for an update on the status of the warrant.

No juvenile court history or domestic violence case list was located for this defendant in New Jersey.

COURT HISTORY

DATE	PLACE	OFFENSE	COURT	DISPOSITION
***** ADULT. *****				
05/10/2019	BELMONT CO, OH	NO CHARGES LISTED		BENCH WARRANT - FTA
06/12/2021	PALM BEACH, FL	5002360876 1. TRESPASSING - FAIL TO LEAVE PROPERTY UPON ORDER BY OWNER 2. RESIST OFFICER - OBSTRUCT WO VIOLENCE		NO DISPO AVAILABLE
07/11/2022	ATLANTIC COUNTY CENT	ATL 22 002313-001 22-10-01440-I W-2022-002993-0180 1. TERRORISTIC THREATS-THREAT TO COMMIT CRIME OF VIOLENCE, 2C:12-3A, DEG:3;	Superior	Disp Date: 10/26/2022 Disp: GUILTY CT: 1; Pending SE: 01/04/2023 ***Present Case***
07/11/2022	ATLANTIC COUNTY CENT	ATL 22 002292-001 22-09-01413-I W-2022-003006-0180 1. AGG ASSAULT-ATTEMPT/CAUSE SIGNIFICANT BODILY INJURY, 2C:12-1B(7), DEG:3; 2. POSS OF WEAPON FOR UNLAWFUL PURPOSE-OTHER WEAPON, 2C:39-4D, DEG:3; 3. UNLAWFUL POSS WEAP - OTHER WEAPONS, 2C:39-5D,	Superior	Disp Date: 10/26/2022 Disp: GUILTY CT: 1; Pending SE: 01/04/2023 ***Present Case***

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LAST NAME	FIRST NAME	MIDDLE NAME
BARBER	DEVON	T

COURT HISTORY

DATE	PLACE	OFFENSE	COURT	DISPOSITION
08/24/2022	ATLANTIC COUNTY CENTRAL MC	DEG:4; W-2022-003006-0180 DP01. SIMPLE ASSAULT-PURPOSELY/KNOWIN GLY CAUSE BOD. INJURY, 2C:12-1A(1); DP02. RESIST ARR/ELUD-PREVENTS OFFICER FROM EFFECTING ARREST, 2C:29-2A(1); S-2022-002991-0180 1.HARASSMENT-COMMUNICATI ON IN MANNER TO CAUSE ALARM, 2C:33-4A;	Municipal	Pending: No Scheduled Events

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Court History - Charges Not Resulting in Conviction

Last Name	First Name	Middle Name
BARBER	DEVON	T

The arrest(s) not resulting in conviction contained in this section shall not be considered by the court unless the prosecutor has established that there is a factual basis to consider this information when sentencing the defendant. See State v. K.S., 220 N.J. 190, 199 (2015).

Date	Place	Case Identifier	Court	Disposition
***** ADULT. *****				
02/19/2019	GALLOWAY TWP	ATL 19 000630-001	Superior	Disp Date: 05/15/2019 Disp: DISMISSED

CONFIDENTIAL ATL-22-002313 12/27/2022 10:13:11 AM Pg 10 of 25 Trans ID: CRM20221172006
Page 10 of 19**APPROVED FOR****SENTENCING Uniform Defendant Intake - Superior Court of New Jersey**

Last Name BARBER			First Name DEVON			Middle Name T	
Also Known As			SPN 128412	SBI # 542255G		Driver's License Number NJ-B05431658312972	
Date of Birth 12/31/1997	Age 24	Place of Birth GALLOWAY, NJ	Social Security Number 138-04-6917	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Race WHITE		
Height 6'0"	Weight 150	Eye Color BROWN	Hair Color BROWN	Distinguishing Marks			Hispanic or Latinx No
Alien Status		Citizenship <input checked="" type="checkbox"/> US <input type="checkbox"/> Other	Other Citizenship (Nationality)			Interpreter Needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Language
Attorney's Name JOHN W TUMELTY			Complaint Date 07/11/2022	Arrest Date 07/11/2022	Veteran <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Active Military Duty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Police Agency GALLOWAY TOWNSHIP POLICE DEPT.			County ATLANTIC	Court of Filing SUPERIOR			
Commitment No.	Initial Bail Amount \$.00	Initial Bail Type <input type="checkbox"/> Full Cash/Bond <input type="checkbox"/> 10% Cash <input type="checkbox"/> Full Cash <input checked="" type="checkbox"/> Other				Bail/Release Status <input type="checkbox"/> ROR <input checked="" type="checkbox"/> Pretrial Release <input type="checkbox"/> Bail <input type="checkbox"/> Jail	
Charges 1. AGG ASSAULT-ATTEMPT/CAUSE SIGNIFICANT BODILY INJURY, 2C:12-1B(7), DEG:3; 2. POSS OF WEAPON FOR UNLAWFUL PURPOSE-OTHER WEAPON, 2C:39-4D, (Cont...)			Complaint Numbers W-2022-003006-0180 W-2022-003006-0180	PROMIS Numbers 22 002292-001	Indictment/Acc.Number 22-09-01413-I		
Codefendants' Names			Complaint Numbers	PROMIS Numbers	Indictment/Acc.Number		
1. Criminal History							
Prior Record <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Pending Charges <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
2. Residence							
Number of Years in County: 24	NJ: 24	US: 24	Residence Status <input type="checkbox"/> Rent <input type="checkbox"/> Own <input checked="" type="checkbox"/> Other	How Long at Current Address LIFE			
Address 309 NEW LEAF CT GALLOWAY						Zip Code NJ 08205	
Name of Cohabitant SHERRI/RICHARD BARBER			Relationship to Defendant PARENTS		Residence Phone (856) 532-5255	Emergency Phone (609) 569-3800	
Prior Address Name of Cohabitant Relationship to Defendant How Long at This Address							
Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership					Number of Dependents 0	Pay Support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the Defendant have primary care of children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			If Yes, has the Defendant made alternate care arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has alternate care information been obtained or referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Defendant Supplemental Contact SHERRI BARBER			Relationship to Defendant MOTHER		Telephone Number (609) 569-3800		
Contact Person's Address 309 NEW LEAF CT			GALLOWAY		NJ	Zip Code 08205	
Comments As of this writing, attempts to reach the above supplemental contact have been (Cont...)							

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LAST NAME	FIRST NAME	MIDDLE NAME
BARBER	DEVON	T
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #
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CHARGE LIST

Charges	Complaint Numbers	Promis Numbers	Indictment/Acc#
DEG:3; 3. UNLAWFUL POSS WEAP - OTHER WEAPONS, 2C:39-5D, DEG:4; DP01. SIMPLE ASSAULT-PURPOSELY/KNOWINGLY CAUSE BOD. INJURY, 2C:12-1A(1), DEG:DP;			
DP02. RESIST ARR/ELUD-PREVENTS OFFICER FROM EFFECTING ARREST, 2C:29-2A(1), DEG:DP;			
1. TERRORISTIC THREATS-THREAT TO COMMIT CRIME OF VIOLENCE, 2C:12-3A, DEG:3;	W-2022-002993-0180	22 002313-001	22-10-01440-I

RESIDENCE: COMMENTS

unsuccessful. Any information received will be attached.

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APPROVED FOR SENTENCING Uniform Defendant Intake: Superior Court of NJ				
LAST NAME BARBER		FIRST NAME DEVON	MIDDLE NAME T	
3. Defendant's Health Status				
REPORTED PHYSICAL HEALTH <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> POOR	REPORTED MENTAL HEALTH <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> POOR	DRUG / ALCOHOL USE <input checked="" type="checkbox"/> PRESENT <input type="checkbox"/> PAST <input type="checkbox"/> NONE	USE AT TIME OF OFFENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Physical Appearance / Additional Comments				
PHYSICAL APPEARANCE DESCRIPTION The defendant reported to be in good overall mental and physical health.				
5. Substance Abuse History				
SUBSTANCE USED Marijuana	FREQUENCY Couple Times Per Week	METHOD OF INGESTION Smoke	INITIAL USE Age: 17	LAST USE 3 Days Ago
6. Medical / Mental Health / Substance Abuse Treatment History & Insurance Coverage				
TREATMENT FACILITIES Denied	LOCATIONS	DATES OF TREATMENT		
DIAGNOSIS / COMMENTS The defendant acknowledged the above use of marijuana. He was referred to TASC for an evaluation scheduled 11/10/22 with Brenda Vandunk. Per attached TASC evaluation, the client meets the ASAM Criteria's 3rd Edition for Level 1 Outpatient Services. A supportive self-help network, such as AA/NA, or other alternative supportive networks, (Cont....)				
ADULT DIAGNOSTIC TREATMENT CENTER EVALUATION ORDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE ORDERED	COPY RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
PSYCHOLOGICAL EVALUATION ORDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE ORDERED	COPY RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
REFERRED FOR SUBSTANCE ABUSE EVALUATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TASC <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OTHER AGENCY	
HEALTH INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INSURED'S NAME Parents	POLICY NUMBER		
INSURANCE CARRIER Horizon NAME AND ADDRESS				
COMMENTS				

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BARBER	DEVON	T
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #
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MEDICAL / MENTAL TREATMENT HISTORY: DIAGNOSIS / COMMENTS

would also be beneficial to assist in maintaining abstinence and recovery. When asked about prior CDS/alcohol use he advised that he disclosed that information to the TASC evaluator in depth. Barber has never been required to attend treatment and/or counseling for any addictions.

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Uniform Defendant Intake: Superior Court of NJ			
LAST NAME BARBER	FIRST NAME DEVON	MIDDLE NAME T	
E. Employment			
CURRENT EMPLOYER'S NAME AND ADDRESS P.F. Chang's, Quarter at Tropicana, 2801 Pacific Ave #101, Atlantic City, NJ			
OCCUPATION Food Runner	YEARS / MOS. 1 month	PHONE (609) 348-4600	
SKILLS	SALARY \$13 HR	IF UNEMPLOYED, HOW LONG	HOW SUPPORTED Family/Job
PREVIOUS EMPLOYER'S NAME AND ADDRESS Joe's Painting & Renovation LLC (3 Years)			FROM TO
EMPLOYMENT VERIFICATION AND WORK HISTORY The defendant advised he start's his new job at P.F. Chang's on 11/23/22.			
B. Financial Status			
Net Monthly Income	\$.00	House(s) / Land Market Value	\$.00
Spousal / Cohabitant Contribution	\$.00	Value of All Motor Vehicles	\$.00
Unemployment / Disability	\$.00	Cash	\$.00
Social Security	\$.00	Current Balance Checking Accts.	\$.00
Veterans Administration	\$.00	Current Balance Savings Accts.	\$.00
Pension	\$.00	Civil Judgment Awards / Pending	\$.00
Public Assistance / Subsidies	\$.00	Current Value of Stocks / Bonds	\$.00
Child Support / Alimony	\$.00	Face Value of CDs / IRAs / 401Ks	\$.00
Food Stamps	\$.00	Money Market Accounts	\$.00
Housing Subsidies	\$.00	Retrievable Bail Amt. & Location	\$.00
Trust Fund Income	\$.00		
Institutional Wages	\$.00	Other Assets	\$.00
Income From Rental Properties	\$.00	Other Assets	\$.00
TOTAL MONTHLY INCOME	\$.00	TOTAL ASSETS	\$.00
Rent	\$.00	Mortgage Loan Balances	\$.00
Mortgage	\$.00	Vehicle Loan Balances	\$.00
Property Taxes	\$.00	Support Arrearage	\$.00
Child Support / Alimony	\$.00	Medical / Dental / Hospital Debts	\$.00
PAID THROUGH PROBATION DEPT.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attorney Fees	\$.00
Vehicle Loans & Insurance	\$.00	Fines Owed to Other Courts	\$.00
Household Utilities	\$.00	Credit Card Balances	\$.00
Other Household Expenses	\$.00	Civil Judgments Owed	\$.00
Other Loans & Expenses	\$.00	Other Debts and Expenses	\$.00
TOTAL MONTHLY PAYMENTS	\$.00	TOTAL DEBTS	\$.00
FINANCIAL COMMENTS INCLUDING DEFENDANT'S REPORTED ABILITY TO PAY COURT IMPOSED ASSESSMENTS PER MONTH:			
I WISH TO BE REPRESENTED BY <input type="checkbox"/> PUBLIC DEFENDER <input checked="" type="checkbox"/> PRIVATE COUNSEL			
WARNING REGARDING CONFIDENTIALITY			
At the direction of the Assignment Judge acting on his or her own initiative, or in response to a valid grand jury subpoena with the approval of the Assignment Judge, this page (UDIR-3) may be produced to a grand jury and a prosecutor.			
CERTIFICATION			
I certify that the foregoing statements made by me in the above Financial Statement are true. If I have indicated above that I wish to be represented by a public defender, I am submitting this Financial Statement in support of my application to establish indigency, and I am aware that if any statements made by me in the Financial Statement are willfully false, I am subject to punishment as provided by R. 1:4-4(b).			
DEFENDANT'S SIGNATURE			DATE
INTERVIEWER'S SIGNATURE		TITLE	DATE

CONFIDENTIAL ATL-22-002313 12/27/2022 10:13:11 AM Pg 15 of 25 Trans ID: CRM20221172006
Page 15 of 19**APPROVED FOR****SENTENCING Uniform Defendant Intake: Superior Court of NJ**

LAST NAME BARBER	FIRST NAME DEVON	MIDDLE NAME T
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9. Family History

PARENTAL
 The defendant was born to married parents, Richard and Sherri Barber. He advised he has four siblings, three sisters and one brother. His father is the Chief of Police in Galloway Township, New Jersey and his mother is disabled. Devon advised he had a good childhood free from any abuse/neglect or parental drug/alcohol abuse inside his home growing up.

MARITAL/CHILDREN The defendant is single with no children.

HOME / NEIGHBORHOOD / ENVIRONMENT
 The defendant resides with his parents and two siblings in a home in Galloway Township, New Jersey. He reported the residence to be in good condition with two small non-aggressive dogs. Devon further reported that his father is the Chief of Police in Galloway Township, NJ and has firearms inside the residence.

10. Military Service History		
BRANCH N/A	DISCHARGE <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER	SERVICE PERIOD
COMMENTS		

11. Education				
LAST SCHOOL YEAR COMPLETED (1-20) 12	GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	YEAR GRADUATED 2016	CURRENTLY IN SCHOOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR / SPECIAL TRAINING
LAST SCHOOL ATTENDED Cedar Creek High School, Egg Harbor City, NJ				AGE LAST ATTENDED
COMMENTS The defendant reported that he attended Atlantic Cape Community College after high school for roughly three months, but he did not complete this schooling.				

12. Other Information / Comments				
COMMENTS The defendant can read and write in English.				

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Page 16 of 19**APPROVED FOR SENTENCING****Case Analysis**

LAST NAME BARBER	FIRST NAME DEVON	MIDDLE NAME T
INDICTMENT/ACCUSATION / COMPLAINT NUMBER 22-09-01413-I	PROMIS NUMBER 22 002292-001	SBI # 542255G

ASSESSMENT OF FACTORS CONTRIBUTING TO PRESENT OFFENSE (N.J.S.A. 2C:44-1)

In reference to the present offenses, defendant to rely on statement given at time of plea.

ASSESSMENT OF DEFENDANT'S PERSONALITY, PROBLEMS & THE POTENTIAL FOR PROBATION AS A DISPOSITION, NOTING POTENTIALLY AVAILABLE COMMUNITY RESOURCES FOR ASSISTANCE

The defendant is a twenty-four-year-old male and lifelong resident of Galloway Township, New Jersey. He is a high school graduate, single with no children. Barber advised on the day of his PSI interview that he secured employment at P.F. Chang's in Tropicana.

The defendant reported to be in good overall mental and physical health. He acknowledged the present use of marijuana. He was referred to TASC for an evaluation scheduled 11/10/22 with Brenda Vandunk. Per attached TASC evaluation, the client meets the ASAM Criteria's 3rd Edition, for Level 1 Outpatient Services. A supportive self-help network, such as AA/NA, or other alternative supportive networks, would also be beneficial to assist in maintaining abstinence and recovery. Barber has never been required to attend treatment and/or counseling for any addictions.

As an adult, the defendant has six known arrests/complaints across 3 states: Ohio, Florida, and New Jersey, with no noted prior convictions. The instant matters will represent the defendant's first and second known indictable convictions.

Barber has pending charges out of Atlantic County Central Municipal Court for Harassment with no scheduled events. He also has an active bench warrant out of Belmont County, Ohio for Failure to Appear. A voicemail was left (740-695-7933) for an update on the status of the BW.

Barber has a minimal prior offense record, and he is not viewed as a significant threat to the community if he is released under probation supervision. If sentenced in accordance with the proposed plea agreement, conditions of probation may include random urine screens, obtain/maintain gainful employment, TASC evaluation and follow recommendations, mental health evaluation and follow up, anger management, and paying mandatory fines/fees and restitution.

TEAM LEADER / PROBATION OFFICER Carly Wright	TEAM LEADER / PROBATION OFFICER SIGNATURE	DATE
SUPERVISOR LUKE WEPY	SUPERVISOR SIGNATURE	DATE

CONFIDENTIAL ATL-22-002313 12/27/2022 10:13:11 AM Pg 17 of 25 Trans ID: CRM20221172006
Page 17 of 19**APPROVED FOR SENTENCING****Victim #1**

1. Case Information						
Defendant's Last Name BARBER		Defendant's First Name DEVON		Defendant's Middle Name T		
Indictment / Accusation / Complaint Number 22-09-01413-I		PROMIS / GAVEL Number 22-002292-001		SBI Number 542255G		
2. Victim Personal Information						
Victim's Last Name Hardemon		Victim's First Name Joseph		Victim's Middle Name		
Address: Street *****			City *****	State *****	Zip Code *****	
Home / Business Phone *****	Cell Phone Number *****	E-mail Address *****				
Date of Birth	Current Age	Juvenile at Time of Offense <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age at Time of Offense	Current Offense Includes DV or Sex Offense <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Relationship to Defendant (if any) None	
3. Victim Statement						
Victim Contacted for Statement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Victim Contacted 10/26/2022	Victim Witness Advocate Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Victim Witness Advocate Contacted		
Victim Responded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Statement / Letter Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Did the Victim express interest in attending sentencing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Victim Statement (Please redact all victim personal identifiers from the description as this section is not redacted) No response received.						
4. Victim Medical Information						
Did the Victim report any medical issues associated with the present offense? If Yes, please complete the section below.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Reported Medical Issues Associated With the Present Offense (Please redact all victim personal identifiers from the description as this section is not redacted) Per discovery, victim Joseph advised that when Devon punched him in the face (right cheek), he stumbled back injuring his right foot when he fell on it. Joseph's foot was swollen, and he was immobilized.						
5. Restitution						
Victim Restitution Requested?	If Yes, Amount Requested .00	Prosecutor Restitution Recommended?	If Yes, Amount Recommended .00	Joint & Several Recommended?	If Yes, Name(s) of Co-Defendant(s) (Last Name, First Name, Middle Initial)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Restitution Amount Payable to Victim (See Address Above) .00		Restitution Amount Payable to VCCO .00		VCCO Claim Number		
Restitution Payee Name .00	Restitution Amount Payable to "OTHER"	Please Specify "OTHER" Payee Type			Payee Name	
Payee Address: Street				City	State	Zip Code
Payee Telephone		Reference Number	Comments			

CONFIDENTIAL ATL-22-002313 12/27/2022 10:13:11 AM Pg 18 of 25 Trans ID: CRM20221172006
Page 18 of 19**APPROVED FOR SENTENCING****Victim #2****1. Case Information**

Defendant's Last Name BARBER	Defendant's First Name DEVON	Defendant's Middle Name T
Indictment / Accusation / Complaint Number 22-10-01440-I	PROMIS / GAVEL Number 22-002313-001	SBI Number 542255G

2. Victim Personal Information

Victim's Last Name Hardemon	Victim's First Name Joseph	Victim's Middle Name A			
Address: Street *****		City *****	State ****	Zip Code *****	
Home / Business Phone ****	Cell Phone Number ****	E-mail Address *****			
Date of Birth	Current Age	Juvenile at Time of Offense <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age at Time of Offense	Current Offense Includes DV or Sex Offense <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Relationship to Defendant (if any) None

3. Victim Statement

Victim Contacted for Statement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Victim Contacted 10/26/2022	Victim Witness Advocate Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Victim Witness Advocate Contacted
Victim Responded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Statement / Letter Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please see Attachments (redaction required). If No, please see Victim Statement section below.	
			Did the Victim express interest in attending sentencing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown

Victim Statement (Please redact all victim personal identifiers from the description as this section is not redacted)
No response received.**4. Victim Medical Information**

Did the Victim report any medical issues associated with the present offense? If Yes, please complete the section below.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Description of Reported Medical Issues Associated With the Present Offense (Please redact all victim personal identifiers from the description as this section is not redacted)		

5. Restitution

Victim	If Yes, Amount Requested .00	Prosecutor	If Yes, Amount Recommended .00	Joint & Several Recommended?	If Yes, Name(s) of Co-Defendant(s) (Last Name, First Name, Middle Initial)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Restitution Amount Payable to Victim (See Address Above) .00		Restitution Amount Payable to VCCO .00		VCCO Claim Number	
Restitution Payer/1 .00	Restitution Amount Payable to "OTHER"	Please Specify "OTHER" Payee Type			Payee Name
Payee Address: Street			City		State Zip Code
Payee Telephone	Reference Number	Comments			

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Page 19 of 19**APPROVED FOR SENTENCING****Victim #3**

1. Case Information					
Defendant's Last Name BARBER		Defendant's First Name DEVON		Defendant's Middle Name T	
Indictment / Accusation / Complaint Number 22-10-01440-I		PROMIS / GAVEL Number 22-002313-001		SBI Number 542255G	
2. Victim Personal Information					
Victim's Last Name Hardemon		Victim's First Name Joseph		Victim's Middle Name	
Address: Street *****			City *****	State ****	Zip Code ****
Home / Business Phone ****	Cell Phone Number ****	E-mail Address ****			
Date of Birth	Current Age	Juvenile at Time of Offense <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age at Time of Offense	Current Offense Includes DV or Sex Offense <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Relationship to Defendant (If any) None
3. Victim Statement					
Victim Contacted for Statement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Victim Contacted 10/26/2022		Victim Witness Advocate Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Victim Witness Advocate Contacted	
Victim Responded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Statement / Letter Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please see Attachments (redaction required). If No, please see Victim Statement section below.			Did the Victim express interest in attending sentencing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
Victim Statement (Please redact all victim personal identifiers from the description as this section is not redacted) No response received.					
4. Victim Medical Information					
Did the Victim report any medical issues associated with the present offense? If Yes, please complete the section below.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Description of Reported Medical Issues Associated With the Present Offense (Please redact all victim personal identifiers from the description as this section is not redacted)					
5. Restitution					
Victim Restitution Requested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No .00	If Yes, Amount Requested .00	Prosecutor Restitution Recommended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No .00	If Yes, Amount Recommended .00	Joint & Several Recommended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name(s) of Co-Defendant(s) (Last Name, First Name, Middle Initial)
Restitution Amount Payable to Victim (See Address Above) .00		Restitution Amount Payable to VCCO .00		VCCO Claim Number	
Restitution Payee # .00	Restitution Amount Payable to "OTHER"			Please Specify "OTHER" Payee Type	
Payee Address: Street			City		State
Payee Telephone		Reference Number	Comments		

Holding Cell CONFIDENTIAL ATL-22-002313 12/27/2022 10:13:11 AM Pg 20 of 25 Trans ID: CRM20221172006

Superior Court of New Jersey



ATLANTIC COUNTY ORDER FOR PRESENTENCE INVESTIGATION

TEAM: DACJ COMMITMENT # 284791CASE / DEF.# See BelowDEFENDANT Devon BarberIND. / ACC. / CO.# LKA-309 New Leaf CourtDATE ORDERED 10-26-22Calloway NJ 08220SENTENCE DATE 12-7-22(609)569-38008:45 AM COURTROOM # 3

Email: DevonstHomeimprovement@gmail.com

PLEAD ORIG. GUILTY V (a) PTIJURY TRIAL RETRAXIT GUILTY NON-JURY TRIAL

DEFENDANT:

FOUND GUILTY TO: 02-09-14137 CT 1 Agg ASSAULT 3° 6T3002000209200102-10-14407 CT 1 Terroristic Threats 3° 6T30020002092001Rmg. cts/Chgs To Be DismissedDSTASC MDCE DL ABSTRACT AVENEL DEFENDANT MAY APPLY TO PTI BAIL: CONTINUED MODIFIED / SET NCWV; ROR/FW; PTS Release OrderTASC-11-10-22 at 9:00am w/ Brenda VanDunkALESAttorney: ThunellClerk: DeCiccoProsecutor: SchafflerCSR: C SMART

P.J.C.R. / J.S.C.

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NOTICE: This is a public document, which means the document as submitted will be available to the public upon request. Therefore, do not enter personal identifiers on it, such as Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, active credit card number or military status.



New Jersey Judiciary
Plea Form

County ATLProsecutor File Number 13003272

Defendant's Name: Devon T BARBER
before Judge: MILLER

List the charges to which you are pleading guilty:

Ind./Acc./Comp.#	Count	Nature of Offense	Degree	Statutory Maximum		
				Time	Fine	VCCO Assmt*
22-09-1413	1	Agg Ass	3rd	Max 5	1500	100
22-10-14400	1	Trespassic THACST	3rd	Max 5	1500	100
				Total 10yrs	3000	200

Your total exposure as the result of this plea is:

Please Circle
Appropriate
Answer

2. a. Did you commit the offense(s) to which you are pleading guilty? Yes No
- b. Do you understand that before the judge can find you guilty, you will have to tell the judge what you did that makes you guilty of the particular offense(s)? Yes No
3. Do you understand what the charges mean? Yes No
4. Do you understand that by pleading guilty you are giving up certain rights? Among them are:
 - a. The right to a jury trial in which the State must prove you guilty beyond a reasonable doubt? Yes No
 - b. The right to remain silent? Yes No
 - c. The right to confront the witnesses against you? Yes No
 - d. Do you understand that by pleading guilty **you are not waiving** your right to appeal (1) the denial of a motion to suppress physical evidence (R. 3:5-7(d)) or (2) the denial of acceptance into a pretrial intervention program (PTI) (R. 3:28-6(d))? Yes No
 - e. Do you further understand that by pleading guilty **you are waiving** your right to appeal the denial of all other pretrial motions except the following: _____

* Victims of Crime Compensation Office Assessment

Revised Form Promulgated by 12/29/2020 Third Supplement to Directive #01-18, CN 10079

Defendant's Initials DB
page 1 of 5

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5. Do you understand that if you plead guilty:
- You will have a criminal record? Yes No
 - Unless the plea agreement provides otherwise, you could be sentenced to serve the maximum time in confinement, to pay the maximum fine and to pay the maximum Victims of Crime Compensation Office Assessment? Yes No
 - You must pay a minimum Victims of Crime Compensation Office assessment of \$50 (\$100 minimum if you are convicted of a crime of violence) for each count to which you plead guilty? (Penalty is \$30 if offense occurred between January 9, 1986 and December 22, 1991 inclusive. \$25 if offense occurred before January 1, 1986.) Yes No
 - If the offense occurred on or after February 1, 1993 but was before March 13, 1995, and you are being sentenced to probation or a State correctional facility, you must pay a transaction fee of up to \$1.00 for each occasion when a payment or installment payment is made? If the offense occurred on or after March 13, 1995 and the sentence is to probation, or the sentence otherwise requires payments of financial obligations to the probation division, you must pay a transaction fee of up to \$2.00 for each occasion when a payment or installment payment is made? Yes No
 - If the offense occurred on or after August 2, 1993 you must pay a \$75 Safe Neighborhood Services Fund assessment for each conviction? Yes No
 - If the offense occurred on or after January 5, 1994 and you are being sentenced to probation, you must pay a fee of up to \$25 per month for the term of probation? Yes No
 - If the crime occurred on or after January 9, 1997 you must pay a Law Enforcement Officers Training and Equipment Fund penalty of \$30? Yes No
 - You will be required to provide a DNA sample, which could be used by law enforcement for the investigation of criminal activity, and pay for the cost of testing? Yes No
 - Computer Crime Prevention Fund Penalty, N.J.S.A. 2C:43-3.8 (L. 2009, c. 143). If the crime involves a violation of N.J.S.A. 2C:24-4b(3) (causes or permits child to engage in sexual act that is to be photographed or exhibited), if the crime was committed on or after February 1, 2018, N.J.S.A. 2C:24-4b(4) (photographs or films a child in sexual act), if the crime was committed on or after February 1, 2018, N.J.S.A. 2C:24-4b(5)(b) (knowingly possessing or knowingly viewing child pornography), N.J.S.A. 2C:24-4.1 (leader of a child pornography network), if the crime was committed on or after February 1, 2018, N.J.S.A. 2C:34-3 (selling, distributing or exhibiting obscene material to a person under age 18) or an offense involving computer criminal activity in violation of any provision of Title 2C, chapter 20, you will be assessed a mandatory penalty as listed below for each offense for which you pled guilty?
 - \$2,000 in the case of a 1st degree crime
 - \$1,000 in the case of a 2nd degree crime
 - \$ 750 in the case of a 3rd degree crime
 - \$ 500 in the case of a 4th degree crime
 - \$ 250 in the case of a disorderly persons or petty disorderly persons offense
 Total CCPF Penalty \$ _____

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6. Do you understand that the court could, in its discretion, impose a minimum time in confinement to be served before you become eligible for parole, which period could be as long as one half of the period of the custodial sentence imposed? Yes No
7. Did you enter a plea of guilty to any charges that require a mandatory period of parole ineligibility or a mandatory extended term? Yes No
- If you are pleading guilty to such a charge, the minimum mandatory period of parole ineligibility is _____ years and _____ months (fill in the number of years/months) and the maximum period of parole ineligibility can be _____ years and _____ months (fill in the number of years/months) and this period cannot be reduced by good time, work, or minimum custody credits.
 - If you are pleading guilty to such a charge, the minimum mandatory extended term is _____ years and _____ months (fill in the number of years/months) and the maximum mandatory extended term can be _____ years and _____ months (fill in the number of years/months).
8. Are you pleading guilty to a crime that contains a presumption of imprisonment which means that it is almost certain that you will go to state prison? Yes No
9. Are you presently on probation or parole?
- Do you realize that a guilty plea may result in a violation of your probation or parole? Yes No Yes No NA
10. Are you presently serving a custodial sentence on another charge?
- Do you understand that a guilty plea may affect your parole eligibility? Yes No Yes No NA
11. Do you understand that if you have plead guilty to, or have been found guilty on other charges, or are presently serving a custodial term and the plea agreement is silent on the issue, the court may require that all sentences be made to run consecutively? Yes No NA
12. List any charges the prosecutor has agreed to recommend for dismissal:
Ind/Acc./Compl.# Count Nature of Offense and Degree
2209-1413 411 other counts

13. Specify any sentence the prosecutor has agreed to recommend:

3 years Probation - closed TMC served
Detention Released on plea date - 10/6/3
MONITORING - Reevaluation - Mental
Health eval + follow up - Anger Mgmt
NO Contact victim - TASC eval + follow up
Waive right to appeal

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14. Has the prosecutor promised that he or she will NOT:
- Speak at sentencing? Yes No

- Seek an extended term of confinement?

If yes, was this promise or agreement part of a negotiated plea where the prosecutor represents you are otherwise eligible to receive a mandatory extended term for repeat drug offenders and the prosecutor has agreed to request a period of incarceration or parole ineligibility that is less than what would be required for an extended term?

- Seek a stipulation of parole ineligibility?

Yes No

Yes No

15. Are you aware that you must pay restitution if the court finds there is a victim who Yes has suffered a loss and if the court finds that you are able or will be able in the future to pay restitution?

No NA

16. Do you understand that if you are a public office holder or employee, you can be Yes required to forfeit your office or job by virtue of your plea of guilty? No NA

17. a. Are you a citizen of the United States?

Yes No

If you have answered "No" to this question, you must answer Questions 17b – 17f. If you have answered "Yes" to this question, proceed to Question 18

- b. Do you understand that if you are not a citizen of the United States, this guilty plea may result in your removal from the United States and/or stop you from being able to legally enter or re-enter the United States? Yes No

- c. Do you understand that you have the right to seek individualized advice from an attorney about the effect your guilty plea will have on your immigration status? Yes No

- d. Have you discussed with an attorney the potential immigration consequences of your plea? If the answer is "No," proceed to question 17e. If the answer is "Yes," proceed to question 17f. Yes No

- e. Would you like the opportunity to do so? Yes No

- f. Having been advised of the possible immigration consequences and of your right to seek individualized legal advice on your immigration consequences, do you still wish to plead guilty? Yes No

18. a. Do you understand that pursuant to the rules of the Interstate Compact for Adult Offender Supervision if you are residing outside the State of New Jersey at the time of sentencing, or upon entry of a guilty plea if a guilty plea is a condition of admission to the Pretrial Intervention Program, that return to your residence may be delayed pending acceptance of the transfer of your supervision by your state of residence? Yes No

- b. Do you also understand that pursuant to the same Interstate Compact transfer of your supervision to another state may be denied or restricted by that state at any time after sentencing, or upon entry of a guilty plea if a guilty plea is a condition of admission to the Pretrial Intervention Program, if that state determines you are required to register as a sex offender in that state or if New Jersey has required you to register as a sex offender? Yes No

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19. Have you discussed with your attorney the legal doctrine of merger? Yes No N/A
20. Are you giving up your right at sentence to argue that there are charges you pleaded guilty to for which you cannot be given a separate sentence? Yes No N/A
21. List any other promises or representations that have been made by you, the prosecutor, your defense attorney, or anyone else as a part of this plea of guilty:
-
-
-
-

22. Have any promises other than those mentioned on this form, or any threats, been made in order to cause you to plead guilty? Yes No
23. a. Do you understand that the judge is not bound by any promises or recommendations of the prosecutor and that the judge has the right to reject the plea before sentencing you and the right to impose a more severe sentence? Yes No
- b. Do you understand that if the judge decides to impose a more severe sentence than recommended by the prosecutor, that you may take back your plea? Yes No
- c. Do you understand that if you are permitted to take back your plea of guilty because of the judge's sentence, that anything you say in furtherance of the guilty plea cannot be used against you at trial? Yes No

24. Are you satisfied with the advice you have received from your lawyer? Yes No

25. Do you have any questions concerning this plea? Yes No

Date 10/06/22 Defendant s/ BARBER, DEVON
 Defense Attorney s/

Prosecutor s/ Devon Barber for Paige Jedlicka

- This plea is the result of the judge's conditional indications of the maximum sentence he or she would impose independent of the prosecutor's recommendation. Accordingly, the "Supplemental Plea Form for Non-Negotiated Pleas" has been completed.

DB