

**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, or active credit card number.



**New Jersey Judiciary  
Supplemental Plea Form for Drug Offenses**

The following additional questions need to be answered only if you are pleading guilty pursuant to an offense under *N.J.S.A. 2C:35-1 et seq.* or *N.J.S.A. 2C:36-1 et seq.*

1. Have you and the Prosecutor entered into any agreement to provide for a lesser sentence or period of parole ineligibility than would otherwise be required? (If yes, be sure to include in questions 12 and 13 above). [Yes]            [No]
  
2. Do you understand that if you plead guilty:
  - a. You will be required to forfeit your driver's license for a period of time from 6 to 24 months, unless the court finds compelling circumstances warranting an exception? [Yes]            [No]
  
  - b. You will be required to pay a forensic laboratory fee of \$50 for each offense for which you plead guilty? [Yes]            [No]
  
  - c. You will be required to pay a mandatory drug enforcement and demand reduction (D.E.D.R.) penalty as listed below for each offense for which you plead guilty? [Yes]            [No]

The mandatory penalties are as follows:

- (1) \$3,000 in the case of a 1<sup>st</sup> degree crime
- (2) \$2,000 in the case of a 2<sup>nd</sup> degree crime
- (3) \$1,000 in the case of a 3<sup>rd</sup> degree crime
- (4) \$ 750 in the case of a 4<sup>th</sup> degree crime
- (5) \$ 500 in the case of a disorderly persons or petty disorderly persons offense

TOTAL D.E.D.R. Penalty            \$ \_\_\_\_\_

Date: \_\_\_\_\_ Defendant: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_

Prosecutor: \_\_\_\_\_