



**DIVISION OF
CRIMINAL JUSTICE
CODIS COMPLIANCE UNIT**



DNA REFUSAL FORM

I, _____, have been

- | | |
|---|---|
| <input type="checkbox"/> convicted | <input type="checkbox"/> adjudicated delinquent |
| <input type="checkbox"/> found not guilty by reason of insanity | <input type="checkbox"/> arrested |
| <input type="checkbox"/> adjudicated not delinquent by reason of insanity | |

for a qualifying offense _____ that requires me to provide a DNA sample under
Print Name of Offense
 New Jersey's DNA Database and Databank Act, N.J.S.A. 53:1-20.20. I have been read the above
 information by _____ and understand that my refusal to provide
Print Name of Officer
 a DNA sample, in accordance with N.J.S.A. 53:1-20.20, is a 4th degree crime under N.J.S.A. 2C: 29-11,
 carrying a punishment of imprisonment not to exceed 18 months.

Name: _____	SBI#: _____
Address: _____	Phone: _____
Signature: _____	Date: _____
Officer Signature: _____	Date: _____
Officer Email: _____	Officer Phone: _____
Agency: _____	County: _____

Complaint Number for Refusal (2C:29-11) Charge: _____

Fax a copy to the CODIS Unit at (609) 292-3014 or (609) 292-3865
 CODIS Compliance Unit, New Jersey Division of Criminal Justice
 25 Market Street, Trenton, NJ 08625 (609) 292-1439