



**OFFICE OF THE HUNTERDON COUNTY PROSECUTOR**

**COMMUNITY ORGANIZATION APPLICATION**

N.J.S.A. 2C:7-1, et seq., commonly known as Megan’s Law, entitles community organizations with supervisory control over children and victims’ groups to information concerning the location of **certain** sexual offenders who meet **certain** criteria if the persons cared for by the organization are likely to encounter the offender.

Pursuant to the law, organizations must register with the County Prosecutor’s Office. The County Prosecutor’s Office and a Superior Court Judge will determine if the organization qualifies for notification under the law.

Please fill out the form below and return it to the Hunterdon County Prosecutor’s Office, PO Box 756, Flemington, NJ 08822 Attn: Lieutenant Kristen Larsen or fax it to: (908) 788-1460. If the County Prosecutor’s Office and a Superior Court Judge determines that your organization or agency falls within the statute, the designated contact person will be notified of the location of certain sexual offenders.

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Name of Organization: \_\_\_\_\_

Physical Address of Organization: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person/Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

Type of Organization (i.e. daycare): \_\_\_\_\_

Ages of Children Supervised (if organization consists of children): \_\_\_\_\_

Do the women and/or children gather at a location other than the physical location of the organization? If so, where? \_\_\_\_\_  
\_\_\_\_\_

What kind of service does the organization provide, either for children or women, that should qualify it for notice of Megan’s Law registrants? (i.e. daycare facility) \_\_\_\_\_

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Name, title, and signature of person completing application:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions about this form, or about Megan's Law, please contact Lieutenant Kristen Larsen of the Hunterdon County Prosecutor's Office at (908) 788-1129.

Expiration of Family Child Care Certificate: \_\_\_\_\_

It is your responsibility to re-register at the end of your certificate period. Please keep a copy of this form as a reminder.