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STATE OF NEW JERSEY
Plaintiff/ Respondent

vs.

MICHAEL OLENOWSKI,
Defendant/Petitioner

**SUPREME COURT OF NEW
JERSEY**

Docket No. C-677

QUASI-CRIMINAL ACTION

Before the Supreme Court Special Master,
Hon. Joseph F. Lisa, P.J.A.D. (ret/recall).

**BRIEF OF *AMICI CURIAE* NATIONAL COLLEGE FOR DUI DEFENSE
AND NEW JERSEY STATE BAR ASSOCIATION.**

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PRELIMINARY STATEMENT

The State has failed to meet its burden to clearly establish that the 12-step Drug Influence Evaluation (DIE) protocol and the opinion of a so-called Drug Recognition Expert (DRE) based on that technique is scientifically reliable when applying so-called Daubert factors. Specifically, the record, including studies, expert testimony, and statistical analyses of New Jersey data by Dr. Brian Martin and Dr. Enrique Schisterman, fails to clearly demonstrate that DRE opinion is sufficiently based on valid science.

Amici National College for DUI Defense (NCDD) and New Jersey State Bar Association (NJSBA) ask this Court to also consider the arguments in previously submitted briefs.

PROCEDURAL HISTORY

Since our Supreme Court originally remanded this matter with its order entered November 18, 2019, Your Honor, as special master, convened several case management conferences and issued procedural orders (see 1T through 18T¹), conducted hearings from September 27, 2021, to January 18, 2022 (19T to 61T), and issued your Report of Findings of Fact and Conclusions of Law dated August 18,

¹ Amici NCDD and NJSBA adopts the transcript designations 1T to 61T as set forth in the special masters Order dated January 18, 2022.

2022, applying the standard under Frye v. United States, 293 F. 1013 (D.C.Cir. 1923). After the parties and amici submitted briefs to the Supreme Court by September 18, 2022, the Court requested further briefing as to whether New Jersey should continue using the evidentiary standard set forth in Frye or adopt the standard set forth in Daubert v. Merrill Dow Pharmaceuticals, Inc., 509 U.S. 579 (1993) for criminal matters.² After argument, the Court held on February 17, 2023, that, henceforth, trial courts should use the Daubert standard to determine admissibility of scientific evidence in criminal matters and remanded the present case back to Your Honor to reassess reliability under the Daubert standard. State v. Olenowski, ____ N.J. ____, 2023. On February 24, 2023, Your Honor conducted a case management conference and requested briefs by March 10, 2023. This brief follows.

FACTS

Amici NCDD and NJSBA incorporate the facts as set forth in the joint brief dated March 11, 2022, and submitted in collaboration with other amici Association of Criminal Defense Lawyers of New Jersey and DUI Defense Lawyers Association (2022 Joint Amici Brief). See Brief History of the DRE Program and Overview of 12 Steps of the DRE Protocol from page 8 to page 11 of the 2022 Joint Amici Brief, among others contained therein.

² The Daubert evidentiary standard has been used in civil matters since 2018. In re Accutane Litig. 234 N.J. 340 (2018).

LEGAL ARGUMENT

I.

THE STATE FAILED TO CLEARLY ESTABLISH THAT THE 12-STEP DIE TECHNIQUE AND DRE OPINION BASED ON THAT TECHNIQUE IS RELIABLE UNDER THE DAUBERT TEST FOR ADMISSIBILITY.

As this Court recognized its 2019 remand, the 12-step DRE protocol purports to rely on a novel scientific technique, triggering the necessity to determine reliability and admissibility. On the present record, after applying Daubert factors to testimony and evidence presented at the special master hearing, the State failed to show that DRE evidence/expert testimony is admissible under Daubert.

Under Daubert, “the trial judge must determine at the outset...whether the expert is proposing to testify to (1) scientific knowledge that (2) will assist the trier of fact to understand or determine a fact in issue. This entails a preliminary assessment of whether the reasoning or methodology underlying the testimony is scientifically valid and of whether that reasoning or methodology properly can be applied to the facts in issue.” Daubert, supra at 16-17 (emphasis in original). To help the courts apply the standard, Daubert provided a non-exhaustive list of factors for courts to consider, including (1) whether the scientific theory or technique can be, or has been, tested; (2) whether it “has been subjected to peer review and publication,” (3) “the known or potential rate of error” as well as the existence of standards governing the operation of the particular scientific

technique; and (4) general acceptance in the relevant scientific community.” State v. Olenowski, supra, slip op. at 17, citing Daubert at 592-93.

The State has not established that DRE evidence is reliable under either Frye or Daubert. Because this Court now adopts the Daubert standard, the relevance of Frye is limited to considerations of general acceptance.

II.

THE STATE FAILED TO ESTABLISH THAT THE THEORY UNDERLYING THE DRUG INFLUENCE EVALUATION TECHNIQUE AND OPINION DEPRIVED THEREFROM HAVE BEEN SUFFICIENTLY TESTED TO BE SCIENTIFICALLY RELIABLE AND ADMISSIBLE

One factor the Court must consider is whether the “scientific theory or technique can be (or has been) tested.” Daubert, supra at 593. This is classic scientific method—*i.e.*, “generating hypotheses and testing them to see if they can be falsified; indeed, this methodology is what distinguishes science from other fields of human inquiry.” Ibid. (citation omitted).

“Replication is the general empirical mechanism for testing and falsifying theory.” LeBel, Berger, Campbell, and Loving, “Falsifiability is Not Optional,” Journal of Personality and Social Psychology (Apr. 2017) (retrieved from *****osf.io/preprints/psyarxiv/dv94b/). Replication, the ability to get the same results when retested, is important because it creates confidence in the results. As Dr. Charles Brainerd testified,

[A] criterion, which, interestingly enough, has become more and more important in the last decade, and that is replication. Scientists, particularly in the social sciences where data are -- people and measurements are variable, social scientists, and medical people too, don't tend to have strong confidence that a hypothesis has been confirmed unless you have independent replications, either by the original investigator -- new experiments with new subjects -- or by other investigators in other universities until you've built up a literature of replications. And then people are confident, yes, those are real findings; that's the way things really are....

[52T47-6/19.]

According to Dr. Mitchell Earleywine, without replication, you do not have science. “If I can do it, but you can't, it's not replicable. I can't count on the phenomenon to show up another time.” 53T31-24/32-1. Dr. Schisterman testified, “So the mathematical theory says that, as the more replications you do, asymptotically, it becomes closer and closer to the true number.” 56T136-1/6. Amy Miles agreed that repeatability and replication—different words to describe the same thing—are important for experts in any given field. 51T113-2-12.

DRE program advocates rely most often on three “foundation” studies to validate the DIE technique: (a) Bigelow, Bickel, Roache, Liebson & Nowowieski, “Identifying Types of Drug Intoxication: Laboratory Evaluation of the Subject Examination Procedure” (NHTSA 1985) (exhibits S-2/D-23); (b) Compton, “Field Evaluation of the Los Angeles Police Department Drug Detection Procedure” (NHTSA 1986) (exhibits S-3/D-24); and (c) Adler & Burns, “Arizona Dept. of Public Safety, Drug Recognition Expert Evaluation Study: Final Report to

Governor’s Office of Highway Safety” (1994) (exhibits S-3/D-24). While there have been other studies, these three are relied on and cited in DRE training materials and manuals. Problems with these studies make their findings unreliable.

First and foremost, it is impossible to determine their reproducibility. The authors of these three studies failed to properly describe how the data they collected regarding test subject assessments corresponded to the opinion of the DRE so as to enable reproducibility of their results. Kane, “The Methodological Quality of Three Foundational Law Enforcement Drug Influence Evaluation Validation Studies,” J. Negative Results in BioMedicine (2013) (exhibit D-22), at 7.

Second, these “studies” lack standards defining “impairment.” Science requires this. DREs use the 12-part DIE examination to purportedly determine if a suspect is impaired, if the impairment is due to drugs or a medical condition, and, if drugs are involved, the category of drugs impairing the suspect. In State v. Emery, 27 N.J. 348, 355 (1958), the court described impairment by alcohol to be imbibing “to the extent that [a person’s] physical coordination and mental faculties are deleteriously affected.” In State v. DiCarlo, 67 N.J. 321, 328 (1975), the court defined impairment as a substance having “produced a narcotic effect so altering his normal physical condition and mental faculties as to render such a person a danger to others on the highway.” Rather than defining “impairment” in objective terms, the 2018 DRE training manual defines it as “[o]ne of the several items used to

describe the degradation of mental and/or physical abilities necessary for safely operating a vehicle.” DRE 7-Day Instructor Manual, Session 1, p.33 (p.75 in .pdf) (exhibit S-33). Even the attempt to apply the more objective criteria like clues for horizontal gaze nystagmus (HGN), walk-and-turn (W&T), and one-leg-stand (OLS) defines "impairment" to describe physical or mental condition based on certain clues that correlate to a blood alcohol content. The definition for drug impairment is simply too vague, and there is lack of correlation between the physical manifestations tabulated in the DRE Matrix and the diagnosed drug category in most DREs. There are no standards for interpretation of the results the DRE observes and records. The DRE only has a range to work with, whether it be for vital signs, pupil size, lack of convergence, HGN or vertical gaze nystagmus, and no range for muscle tone other than somewhere between flaccid and rigid. When it comes to the modified Romberg balance or finger-to-nose tests, there are no standards to determine how to judge the suspected drugged driver.

Finally, ruling out medical conditions is an important goal of the 12-step process. DREs have no standards to apply to rule out medical conditions other than through cursory questions, the answers to which they frequently disregard. DRE emeritus Thomas Page testified that the foundational studies did not analyze the ability for the DRE to identify medical conditions and that no standards exist for DREs to do so. 23T71-10/19. Without standards by which to rule out medical

conditions, DREs are not qualified to make such determinations and may easily misinterpret medical conditions as signs of drug impairment.

Without objective standards, it is impossible to design a way to replicate studies or test falsifiability. There are too many variables to control for. Without the ability to replicate assessment of the DIE technique and assess the reliability of DRE opinion derived therefrom, both the technique and the opinion do not pass the criteria of the scientific method for reliable science and should not be admissible.

III.

THE STATE FAILED TO ESTABLISH THAT THE DRUG INFLUENCE EVALUATION TECHNIQUE HAS BEEN SUBJECTED TO SUFFICIENT PEER REVIEW AND PUBLICATION TO RENDER IT SCIENTIFICALLY RELIABLE.

Another factor under Daubert, supra at 593, is whether “the theory or technique has been subjected to peer review.” While publication is not required, “submissions to the scrutiny of the scientific community is a component of ‘good science.’” Ibid.

Training materials published by the International Association of Chiefs of Police and National Highway Traffic Safety Administration (NHTSA) rely uncritically on the studies that have been neither published in scientific journals nor peer reviewed while disregarding those that have. As Dr. Fiorentino testified, the three government studies--Bigelow, Compton, and Adler--were neither peer

reviewed nor published. 49T172-15/24. Other studies were. *See* Heishman, Singleton & Crouch, “Laboratory Validation Study of Drug Evaluation and Classification Program: Ethanol, Cocaine, and Marijuana,” 20 Journal of Analytical Toxicology 468 (1996) (exhibit S-57); Heishman, Singleton & Crouch, “Laboratory Validation Study of Drug Evaluation and Classification Program: Alprazolam, d-Amphetamine, Codeine, and Marijuana,” 22 Journal of Analytical Toxicology 503 (1998) (exhibit S-58); Shinar & Schechtman, “Drug identification performance on the basis of observable signs and symptoms,” Accident Analysis and Prevention (2005) (exhibit D-428); Papafotiou, Carter & Stough, “The relationship between performance on the standardized field sobriety tests, driving performance and the level of D9-tetrahydrocannabinol (THC) in blood,” Psychopharmacology (2005) (exhibit S-157); Beirness, Beasley & Lecavalier, “The Accuracy of Evaluations by Drug Recognition Experts in Canada,” Canadian Society of Forensic Science Journal (2009) (exhibit S-22); Porath-Waller & Beirness, “Toward a More Parsimonious Approach to Drug Recognition Expert Evaluations,” Traffic Injury Prevention (2009) (exhibit S-332); Porath-Waller & Beirness, “Simplifying the Process for Identifying Drug Combinations by Drug,” Traffic Injury Prevention (2010) (S-365); and Porath & Beirness, “Predicting categories of drugs used by suspected drug-impaired drivers using the Drug Evaluation and Classification Program tests,” Traffic Injury Prevention (2019) (exhibit S-330).

None of these studies support reliability of the DRE program.

IV.

THE KNOWN RATE OF POTENTIAL ERROR IS SO GREAT AS TO RENDER THE SCIENTIFIC THEORY UNDERLYING THE DRE TECHNIQUE UNRELIABLE.

The Daubert court held that “in the case of a particular scientific technique, the court should ordinarily consider the known potential rate of error.” Id. at 594, See also State v. Olenowski N.J. (2023). The DIE as used by DREs has an exceedingly high rate of error and, therefore, is not reliable. Neither the Bigelow, Compton, nor Adler studies report any potential rate of error, making their findings suspect. This leaves other studies to guide the court. In the 2009 study by Porath-Waller & Beirness (S-332/D-587), DRE opinion was accurate 39.7 percent of the time. 61T56-19/57-25. The 1996 Heishman study (S-57/D-436) concluded that DREs were only correct 44 percent of the time when they formed the opinion that the subject was impaired due to drugs other than alcohol. The 2005 Shinar & Schectman study (D-428) found that opinions were correct only 43 percent--less than a coin toss. 37T6-20/9-4. As Dr. Neal Adams also noted in his testimony, this correlates to a false positive error rate of 57 percent for HGN. 61T74-20/75-8. Standardized Field Sobriety Test (SFST) validation studies also have a high false-positive/false-arrest rates. The San Diego study (A-31) exposed an unacceptable false arrest rate for the three-test SFST battery, HGN/WAT/OLS. As Dr. Guzzardi

noted, the false-arrest rate was 37 percent for HGN (59T151-3/152-17; see Exh.A-31, p.21, fig.5) and 53 percent for WAT (59T152-21/153-12; see Exh.A31, p.21, fig.5), while OLS has a 41.3 percent false-arrest rate (Exh.A-31, p.21, fig.5).

Calculation of DRE error rates is confounded by referral and confirmation bias. While DRE students are instructed to keep an open mind, neither testimony nor training materials explain how potential DREs are trained to avoid such bias. Dr. Schisterman explained how referral bias will occur if (a) drivers who have been stopped and given toxicology testing are used to assess (b) any random driver. 57T57-24/59-13. Using such a screening process inflates sensitivity and deflates specificity as to the general driving population. 57T59-18/20. While Dr. Schisterman could calculate sensitivity for the screened population (assuming presence of a drug in toxicology is the same as drug impairment), he could not calculate sensitivity as to “any driver” from the data provided here. 57T58-15/59-8. Beyond statistical analyses, Dr. Guzzardi had a specific concern that the DRE interview of the test subject was a source of potential confirmation bias. 59T90-1/8.

Missing data skewed the calculation of the error rate. The State attempted a “study” of New Jersey DRE/DIE data collected by New Jersey DREs in 2017 and 2018 by placing the data in various categories. See 43T21-8/19. But 27 percent of toxicology reports were missing from the data set—a percentage “quite high in [making] an educated guess for missing data,” according to Dr. Martin. This percentage well exceeded the five percent rule-of-thumb ordinarily applied to fill in

missing data. 43T80-2/9. This data was not missing at random. 44T5-23/24. Deletion of the 27 percent of missing toxicological reports from the dataset did not meet scientific standards, according to Dr. Ralph B. Taylor. 55T14-24/15-2.

Dr. Schisterman did an independent analysis of the accuracy, sensitivity, and specificity of the data sets. 56T40-10/13. Sensitivity focuses on the nature of a test to detect true positives, while specificity focuses on the ability of a test to detect true negatives. 56T43-24/44-5. A true positive is “where the toxicology report is consistent with the DRE evaluation” that an individual was using drugs. 56T10/16. A true negative is where the toxicology is consistent with the DRE evaluation that an individual was not using drugs. 56T44-23/45-11. Accuracy is a function of sensitivity and specificity. 56T143-19/21. In the words of Dr. Schisterman, “Accuracy is a global measure of the test. It summarizes the ability of the test being able to truly discriminate between two positives and two negatives. It's a global measure of the goodness of the test.” 56T42-19/22. He also defined “kappa” as “another global measure of consistency and tells you how much the results that we found are far from just flipping a coin.” 56T44-16/18.

Dr. Schisterman analyzed the data using multiple imputations to estimate the sensitivity, specificity, and accuracy, and kappa of separate data sets created by Office of the Attorney General and Office of the Public Defender. 56T140-18/141-1. From the present data, “sensitivity is quite high, but the specificity is low.”

56T53-23. Sensitivity ranged between 82.5 and 92.5 percent. 56T113-7/17; see 56T54-17/55-55-3. Specificity, on the other hand, ranged from “terrible” to “quite good”—i.e., between 2.5 and 72.1 percent. 56T114-17/21. Dr. Adams estimated specificity at between two and 22 percent (61T223-6/9) with the specificity rate low and false positive rate high (61T43-6/7). Therefore, assessments of accuracy are “not trustworthy because the specificity is not estimated correctly or reliably,” according to Dr. Schisterman. 56T160-6/11. And “if you get bad data, you get bad results.” 57T95-15/16. Overall, Dr. Schisterman “wouldn't make too much of the accuracy in this case either or the kappa. The only estimator that I feel really confident here is the sensitivity.” 56T143-25/144-3.

In other words, DRE opinion will lead to a very high percentage of arrests without ruling out or exonerating unimpaired individuals. 57T93-4/15. For example, as Dr. Schisterman noted, 105 drivers were pulled over with negative toxicology results and 80 of those were incorrectly identified and criminalized. 57T123-3/22. Dr. Martin estimated that DREs using the DIE technique would arrest eight out of ten unimpaired drivers. 44T237-3/15. Dr. Adams agreed that up to 40 percent of people who provide urine samples with negative toxicology might be arrested for drugged driving. 61T109-3/12.

Based on the concerns regarding the potential rate of error and the real possibility that innocent people will be arrested and possibly convicted for driving

while impaired, the DRE protocols offer no statistical confidence in their results.

V.

THE STATE FAILED TO ESTABLISH THAT THE DRUG INFLUENCE EVALUATION TECHNIQUE AND DRE OPINION DERIVED THEREFROM HAVE BEEN GENERALLY ACCEPTED AS SCIENTIFICALLY RELIABLE.

For the reasons set forth in the 2022 Joint Amici Brief, the State failed to establish general acceptance of the DIE technique and DRE opinion derived therefrom and asks Your Honor to reconsider your earlier determination under Frye in light of the Daubert factors discussed herein.

VI.

NO CONSENSUS EXISTS AMONG COURTS FROM OTHER JURISDICTIONS TO ASSIST THIS COURT IN ASSESSING THE RELIABILITY OF THE DRUG INFLUENCE EVALUATION TECHNIQUE AND DRE OPINION DERIVED THEREFROM.

“[W]hen reviewing a decision on the admission of scientific evidence, an appellate court should scrutinize and independently review the authorities, including judicial opinions and scientific literature.” State v. Harvey, 151 N.J. 117, 167 (1997). Thus, this Court may consider case law from foreign jurisdictions, but should be careful, since “[r]eliance upon other courts’ opinions can be problematic: unless the question of general acceptance has been thoroughly and thoughtfully litigated in the previous cases...reliance on judicial practice is a hollow ritual.” State v. Doriguzzi, 334 N.J.Super. 530, 545 (App.Div. 2000) (internal quotation marks and

citation omitted). As to the DIE technique and DRE opinion derived therefrom, no clear consensus exists among courts that such evidence is scientifically reliable.

Some states have used the Frye standard to determine admissibility of DRE evidence. For example, in State v. Baity, 991 P.2d 1151 (Wash. 2000), the Washington Supreme Court held that the DRE evidence was admissible scientific evidence. However, that court also held that

an officer may not testify in a fashion that casts an aura of scientific certainty to the testimony. The officer also may not predict the specific level of drugs present in a suspect. The DRE officer, properly qualified, may express an opinion that a suspect's behavior and physical attributes are or are not consistent with the behavioral and physical signs associated with certain categories of drugs.

[Id. at 1160-61.]

In State v. Klawitter, 518 N.W.2d 577 (Minn. 1994), the Minnesota Supreme Court determined that the DRE protocol was not sufficiently scientific to require a Frye analysis. However, the court did find that the DRE testimony could not be used as expert testimony, but only as to whether the individual was under the influence. Id. at 585. Williams v. State, 710 So.2d 24 (Fla. Dist. Ct. App. 1998), followed Klawitter, holding that the DRE protocol was not sufficiently scientific to trigger the Frye test. Williams, supra at 25.

Despite being a trial level opinion, Your Honor should reconsider the opinion in State v. Brightful, 2012 Md. Cir. Ct. LEXIS 1 (Md. Cir. Ct. 2012). Before Olenowski, Brightful was considered the most extensive Frye hearing on DRE in the nation.

That court heard ten days of expert testimony with nine experts, included Dr. Citek and Dr. Adams. By a preponderance of the evidence, the Brightful court held, “The DRE protocol fails to produce an accurate and reliable determination of whether a suspect is impaired by drugs and by what specific drug he is impaired.” Id. at 39-40.

A few cases considered admissibility of DRE evidence under Daubert. For example, in State v. Aleman, 145 N.M. 79 (2008), the New Mexico Court of Appeals held, “Because we hold the process as a whole is not based on a ‘scientific or medical principal,’ we hold that the [DRE] protocol is not scientific.” In State v. Sampson, 167 Or. App. 489, 495 (2000), the court held that DRE evidence was in fact scientific and reliable under Daubert. But in State v. Aman, 194 Or. App. 463 (2004), the same court held that the DRE evidence is not admissible without toxicology results. People v. Bowden ___ N.W.2d ___, Dkt.No. 357976 (2022) (published, no official citation yet), the Michigan Appellate Court held that the people failed to establish that DRE opinion is reliable under Daubert. Other courts have found DRE opinion to not be scientific in nature and, thus, not subject to Daubert. See, e.g., United States v. Everett, 972 F.Supp. 1313 (D.Nev. 1997); State v. Aleman, 194 P.3d 110 (N.M. Ct.App. 2008); United States v. Engle, 428 F.Supp. 3d 1259 (D.Wy. 2019).

CONCLUSION

The State failed to show that 12-step DIE technique and DRE opinion derived therefrom is a scientifically reliable law enforcement tool for the purpose

of determining whether a person arrested for operating a motor vehicle while under the influence of drugs is, in fact, under the influence of a drug.

No studies capable of replication or including appropriate controls demonstrate reliability. Nor has peer review or publication. DRE opinion derived from the DIE technique has a high level of error. Statistical analysis of data collected in New Jersey over two years, rather than showing reliability, instead shows how the wide and highly sensitive net cast by the technique's use will catch the innocent along with the guilty. Nor has general acceptance been demonstrated through testimony, publications, or cases from other jurisdictions.


For these reasons, Your Honor, applying the Daubert factors, should recommend that the Supreme Court deem DRE opinion inadmissible as expert scientific evidence.

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