



State of New Jersey
Department of Environmental Protection
GOVERNMENT RECORDS REQUEST FORM



IMPORTANT NOTICE

Please read this entire form carefully as it contains important information concerning the response to your record request, accessing records, disputing denials, and your rights concerning government records. For further information, access WWW.NJ.GOV/DEP/OPRA.

Requestor Information


First Name:	BILL	MI	Last Name	WOLFE
Company:	NJ PEER			
Mailing Address:	PO BOX 112			
City:	Ringoes	State:	NJ	Zip: 08551 Email: bill_wolfe@comcast.net
Business Telephone:	(609) 397-4861	Extension		
Facsimile Telephone:	() -			

State Use Only

Tracking #	111882
Received Date	08/01/2011
Access Method	On-site access, visit, copy
All matters relating to the response and access of any records identified for this request should be directed to:	
NJDEP – Office of Record Access	
401 East State Street	
Mail Code 401-06Q	
PO Box 420	
Trenton, New Jersey 08625-0420	
Tele #: (609) 341-3121	
Fax #: (609) 292-1177	

Record Request Details:

I am refiling OPRA # 111187. I request the following public records regarding the hiring of new Assistant Commissioner Jane Kozinski: 1) all DEP ethics review documents before and after hiring; 2) all ethics disclosure forms or documents submitted by Kozinski; 3) all ethics compliance and/or recusal forms or documents filed by Kozinski or mandated by Commissioner Martin

Disposition Notes	Record Request Response		
Based on this record request, responsive records have been identified and will be emailed when received from the program. Requestor may contact the Office of Record Access at 609-341-3121 to obtain further information.	In Progress	- Open	
	Filled	- Closed	X
	Denied	- Closed	
	Partial	- Closed	
Addendum Disposition Notes: For Item # 1 & Item # 2, the NJDEP identified one responsive record "Ethics Disclosure Form - Outside Activity Questionnaire". No responsive records were identified for Item # 3.	 Custodian Signature		08/04/2011 Date

New Jersey Department of Environmental Protection
Office of Legal Affairs
401 East State Street, 4th Floor, P.O. Box 402
Trenton, New Jersey 08625-0402

Ethics Disclosure Form
Outside Activity Questionnaire

Please print clearly, complete all applicable fields, and attach relevant documentation.

Name: Jane Kozinski Date: 7/25/11
Work Address: 401 E. State St.
Division/Bureau: Env. Mgt Work Phone Number: _____
Civil Service Title: Assistant Commr. Functional Title (if different): _____
Job Duties: _____

1. Are you currently engaged or planning to engage in, any business, trade, profession and/or part-time or full-time employment, paid or unpaid, outside of or in addition to your State employment?
 Yes No
(If Yes, please answer question 2. Use a separate form for each employer, business, or organization. If no, proceed to question 5.)

2. Name of Outside Employer, Business, or Organization. _____
Please indicate if you are an owner, partner, corporate officer, trustee, board member, or similar. _____

Business Address: _____

Type of Business or Organization: _____

Describe your responsibilities: _____

Specify days worked per week: (M, T, W, Th, F, S, Sn) _____ Work hours _____

3. Is your current or proposed outside employment or business being performed for or with any other employees of the DEP? Yes No

Name of DEP employee or official and title: _____

Do you have a supervisor-subordinate relationship at DEP or in your outside activity? Yes No

If yes explain: _____

4. Does your outside activity require or cause you to have contact with New Jersey State agencies, vendors or consultants, or casino license holders? Yes No

If yes, explain, providing the name of the agency, vendor, consultant or casino license holder you will have contacts with, and the nature of those contacts.

5. In your current or proposed outside employment or business, do you or will you contract with or receive compensation from any New Jersey State agency (including university)? Yes No

If yes, indicate the name of the New Jersey State agency and attach a copy of your contract. If no contract exists provide a description of your business arrangement with the State agency.

If you have a contract with the State of New Jersey, did you receive the approval of the State Ethics Commission before entering into the contract? Yes No

6. Do you hold a license issued by a New Jersey State agency that entitles you to engage in a particular business, profession, trade or occupation? (e.g., real estate, insurance, law, cosmetology) Yes No
If yes, what type of license do you hold? _____

When was the license issued? _____ Is your license active or inactive? _____

7. Do you currently hold, or plan to hold, any outside voluntary positions? Yes No

If yes explain. _____

Does this position require you to have contacts with any New Jersey State Agency? Yes No

If yes explain. _____

8. Are you an officer in any professional, trade, business or other organization? Yes No

If yes explain. _____

9. Are you serving in, or considering appointment or election to any public office? Yes No

What is the elected or appointed office and where is it located?

(e.g., school board, planning board, historic commission)

What are/will be your duties? _____

If the office is elected, is it through a partisan election? Yes No

How many hours do you/will you engage in the elected/appointed activity:

Per Day _____ Per Week _____ Per Month _____

10. Do you have an ownership interest in any partnership, corporation, professional service corporation, or any other firm or entity that is (a) performing any service for a New Jersey State agency, (b) directly or indirectly receiving funding from a New Jersey State agency, or (c) regulated by a New Jersey State agency?
 Yes No

If yes, for each indicate the following:

Name of employer, partnership, corporation or other entity in which you hold an ownership interest.

Nature of ownership interest in the partnership, corporation or other entity, and the extent of your ownership interest.

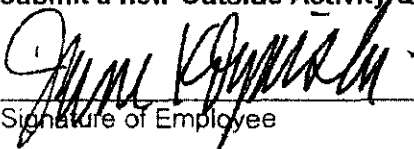
Identity of the State agency(ies) with which the entity does business, receives funding or is regulated.

11. Are any members of your immediate family* employed by a New Jersey casino or an applicant for a New Jersey Casino License? Yes No (*Immediate family means spouse, child, parent or sibling residing in your household.)

If so, state:

Family Member's Name _____ Relationship to you _____
Name of Casino _____
and position held: _____

I certify that this questionnaire contains no willful misstatement of fact, or omission of material fact. I understand that should my State employment and/or outside activity change, I am required to promptly submit a new Outside Activity Questionnaire.

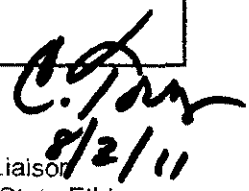

Signature of Employee _____

07-25-11
Date

NOTE: YOUR DIVISION DIRECTOR MUST SIGN THIS FORM BEFORE YOU SUBMIT IT TO DEP OFFICE OF LEGAL AFFAIRS

Division Director Recommendation	_____ Approved	_____ Disapproved
Signature:	_____	Date: _____
(Print or type name) _____		
Comments (e.g., reasons for disapproval, or limitations on approval)		

Determination of Office of Legal Affairs		
_____	Date: _____	_____ (Approved)
Alice A. Previte, Legal Specialist		_____ (Disapproved)
_____	Date: _____	_____ (Approved)
Janis E. Hoagland, Director		_____ (Disapproved)
NO ETHICS REVIEW REQUIRED.		


C. J. ...
8/2/11

Notification of decision was provided to employee on (date) _____

NOTE: Under the Uniform Ethics Code ("UEC") a State employee may appeal an agency Ethics Liaison Officer's decision to disapprove an outside activity. An appeal must be submitted in writing to the State Ethics Commission without 60 days of the employee's receipt of the agency's decision. For more information on appeals, see UEC Section VI.

c: DEP Ethics File; Division Director; DEP Office of Labor Relations