

[Questions or comments may
be directed to 609-292-0012.]

DIRECTIVE # 1-06
[SUPERSEDES DIRECTIVE #7-91]

TO: ASSIGNMENT JUDGES

FROM: PHILIP S. CARCHMAN, J.A.D.

SUBJ: REVISED UNIFORM DEFENDANT REPORTING SYSTEM

DATE: JANUARY 3, 2006

I. SCOPE

This directive promulgates a revised Uniform Defendant Reporting System and supersedes Directive #7-91. Effective February 1, 2006, the revised Uniform Defendant Reporting System shall be used for all indigency, bail, pretrial intervention, and presentence investigation reports.

II. BACKGROUND

The Criminal Practice Committee, in its 1988-90 Report, recommended a package of forms that had been developed by the Criminal Presiding Judges and Criminal Division Managers to replace existing forms that are completed by court support staff for judges to use in determining the defendant's indigency, and also to use in making bail, pretrial intervention and sentencing determinations. The forms package was designed to expedite the collection of relevant information and to avoid duplication by ensuring that data was collected once and then was available for a number of different court events. The package used a "building block" approach in which reports are prepared using forms already completed, adding to those completed forms any additional information relevant to the particular report then being written.

At its January 14, 1991 Rules Conference, the Supreme Court approved the use of the Uniform Defendant Reporting System by Criminal Division support staff for purposes of intake, bail, pretrial intervention, and sentencing. The Supreme Court directed the use of the forms

under the following guidelines or conditions: (1) information contained on the intake form can be used by the court without restriction for purposes of setting bail, appointment of counsel, and pretrial intervention; (2) information on the intake form may not be used in grand jury proceedings or at trial, even for purposes of cross-examination; and (3) information contained on the intake form may be used at sentencing unless the defendant specifically objects, in which case the information cannot be used over that objection. The Supreme Court further directed that whether or not the defendant objects to the use of the information on the intake form for sentencing purposes, defendant should still be instructed to appear for a presentence report interview at which he or she is to be asked for any statements for inclusion in the presentence report. The forms package was subsequently created in a computer-generated forms application that has been in use for the past fourteen years.

III. REVISIONS

Since 2003 the Conference of Criminal Division Managers, the Criminal Practice Division, and the Information Technology Office have worked on a project to convert this forms package to a web-based computer application. That work has been completed. The new web-based version of the forms package will allow staff to download into the forms information that exists in several mainframe computer systems, such as PROMIS/GAVEL and the Automated Criminal System (ACS), thereby eliminating the need to re-enter the information. In addition, the new web-based application will allow any report produced to be stored centrally, thereby being accessible to other authorized staff within the county as well as authorized staff in other counties. The application also will allow staff producing reports to transmit the reports electronically to their supervisors for review and approval.

As part of this project, the Conference of Criminal Division Managers has updated the Uniform Defendant Reporting System. The information that the original forms package contained remains unchanged in all substantive aspects. However, all of the forms have been reconfigured in order to facilitate the downloading of information into the electronic forms. Also, in some instances the name of the form has been revised.

This revised Uniform Defendant Reporting System contains the following array of reconfigured forms (all of which are appended to this Directive):

1. Uniform Defendant Intake (4 pages)
2. Adult Presentence Report
3. Multiple Charges
4. Offense Information
5. Case Analysis
6. Court History
7. Court History Continued
8. Pretrial Intervention Recommendation
9. Additional Information

IV. UDRS COMPONENT FORMS REQUIRED FOR PARTICULAR EVENTS/REPORTS

The particular forms required to be used for each type of report, with those component forms drawn from the above list of forms, are as follows:

A. Indigency Application

- 1) Pages 1 and 3 of the Uniform Defendant Intake

B. Bail/Intake Report

- 1) Pages 1 through 4 of the Uniform Defendant Intake
- 2) Court History
- 3) Court History Continued (if needed)
- 4) Additional Information (if needed)

C. Pretrial Intervention Report (PTI)

- 1) Pages 1 through 4 of the Uniform Defendant Intake
- 2) Offense Information (multiple copies if more than one case)
- 3) Court History
- 4) Court History Continued (if needed)
- 5) PTI Recommendation
- 6) Additional Information (if needed)

Note: The above forms for PTI are to be used in conjunction with the PTI Order of Postponement, Standard Conditions of PTI Supervision and Special Conditions of PTI Supervision issued October 4, 2005 in Directive #14-05 for cases being enrolled into the Pretrial Intervention Program.

D. Presentence Investigation Report (PSI)

- 1) Adult Presentence Report
- 2) Offense Information (multiple copies if more than one case)
- 3) Multiple Charges (if needed)
- 4) Pages 1 through 4 of the Uniform Defendant Intake
- 5) Case Analysis
- 6) Court History
- 7) Court History Continued (if needed)
- 8) Additional Information (if needed)

V. CONTINUATION OF GUIDELINES/CONDITIONS

While this Directive supersedes Directive #7-91, the guidelines or conditions that the Supreme Court imposed in that earlier directive will continue to be applicable to this revised set of forms. Those guidelines or conditions are as follows: (1) information contained on the intake form may be used by the court without restriction for purposes of setting bail, appointment of counsel, and pretrial intervention; (2) information on the intake form may not be used in grand jury proceedings or at trial, even for purposes of cross-examination; and (3) information contained on the intake form may be used at sentencing unless the defendant objects, in which case the information cannot be used over defendant's objection.

Any questions or comments regarding this Directive or the Uniform Defendant Reporting System may be directed to the AOC's Criminal Practice Division at 609-292-0012.

P.S.C.

Attachments

cc: Chief Justice Deborah T. Poritz
Criminal Division Judges
Theodore J. Fetter, Deputy Administrative Director
AOC Directors and Assistant Directors
Trial Court Administrators
Patrick Bucco
Criminal Division Managers
John J. Wieck, Criminal Practice Division
Steven D. Bonville, Special Assistant
Francis W. Hoeber, Special Assistant

Attachments

1. Uniform Defendant Intake (4 pages)
2. Adult Presentence Report
3. Multiple Charges
4. Offense Information
5. Case Analysis
6. Court History
7. Court History Continued
8. Pretrial Intervention Recommendation
9. Additional Information



Uniform Defendant Intake Superior Court of NJ

LAST NAME		FIRST NAME		MIDDLE NAME	
ALSO KNOWN AS		SPN	SBI #	DRIVER'S LICENSE NUMBER	
DATE OF BIRTH	AGE	PLACE OF BIRTH		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DISTINGUISHING MARKS	
ALIEN STATUS	CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> OTHER	OTHER CITIZENSHIP (NATIONALITY)		INTERPRETER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGE
ATTORNEY'S NAME			COMPLAINT DATE	ARREST DATE	
POLICE AGENCY			COUNTY	COURT OF FILING	
COMMITMENT NO.	INITIAL BAIL AMOUNT \$	INITIAL BAIL TYPE <input type="checkbox"/> FULL SURETY <input type="checkbox"/> 10% CASH <input type="checkbox"/> ROR <input type="checkbox"/> OTHER _____			BAIL STATUS <input type="checkbox"/> JAIL <input type="checkbox"/> ROR <input type="checkbox"/> BAIL
CHARGES		COMPLAINT NUMBERS		PROMIS NUMBERS	INDICTMENT / ACC. NUMBER
CODEFENDANTS' NAMES		COMPLAINT NUMBERS		PROMIS NUMBERS	INDICTMENT / ACC. NUMBER

1. Criminal History

PRIOR RECORD <input type="checkbox"/> YES <input type="checkbox"/> NO	PENDING CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO
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2. Residence

NUMBER OF YEARS IN COUNTY: NJ: US:		RESIDENCE STATUS <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER		HOW LONG AT CURRENT ADDRESS	
ADDRESS					ZIP CODE
NAME OF COHABITANT		RELATIONSHIP TO DEFENDANT		RESIDENCE PHONE	EMERGENCY PHONE
PRIOR ADDRESS					ZIP CODE
NAME OF COHABITANT		RELATIONSHIP TO DEFENDANT		HOW LONG AT THIS ADDRESS	
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED				NUMBER OF DEPENDENTS	PAY SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE DEFENDANT HAVE PRIMARY CARE OF CHILDREN OR OTHER DEPENDENTS?		IF YES, HAS THE DEFENDANT MADE ALTERNATE CARE AR- RANGEMENTS?		HAS ALTERNATE CARE INFORMATION BEEN OBTAINED OR REFERRAL MADE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DEFENDANT SUPPLEMENTAL CONTACT		RELATIONSHIP TO DEFENDANT		TELEPHONE NUMBER	
CONTACT PERSON'S ADDRESS					ZIP CODE
COMMENTS					

Uniform Defendant Intake: Superior Court of NJ

LAST NAME

FIRST NAME

MIDDLE NAME

3. Defendant's Health Status

REPORTED PHYSICAL HEALTH

☐ GOOD ☐ POOR

REPORTED MENTAL HEALTH

☐ GOOD ☐ POOR

DRUG / ALCOHOL USE

☐ PRESENT ☐ PAST ☐ NONE

USE AT TIME OF OFFENSE

☐ YES ☐ NO

4. Physical Appearance / Additional Comments

PHYSICAL APPEARANCE DESCRIPTION

MEDICATION / FREQUENCY

5. Substance Abuse History

SUBSTANCE USED

FREQUENCY

METHOD OF INGESTION

INITIAL USE

LAST USE

6. Medical / Mental Health / Substance Abuse Treatment History & Insurance Coverage

TREATMENT FACILITIES

LOCATIONS

DATES OF TREATMENT

DIAGNOSIS / COMMENTS

ADULT DIAGNOSTIC TREATMENT
CENTER EVALUATION ORDERED?

☐ YES ☐ NO

DATE ORDERED

COPY RECEIVED

☐ YES ☐ NO

PSYCHOLOGICAL EVALUATION
ORDERED?

☐ YES ☐ NO

DATE ORDERED

COPY RECEIVED

☐ YES ☐ NO

REFERRED FOR SUBSTANCE
ABUSE EVALUATION?

☐ YES ☐ NO

TASC

☐ YES ☐ NO

OTHER AGENCY

☐ YES ☐ NO

OTHER AGENCY NAME

HEALTH INSURANCE

☐ YES ☐ NO

INSURED'S NAME

POLICY NUMBER

INSURANCE CARRIER
NAME AND ADDRESS

COMMENTS

Uniform Defendant Intake: Superior Court of NJ

LAST NAME	FIRST NAME	MIDDLE NAME
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7. Employment

CURRENT EMPLOYER'S NAME AND ADDRESS			
OCCUPATION	YEARS / MOS.	PHONE	
SKILLS	SALARY	IF UNEMPLOYED, HOW LONG	HOW SUPPORTED
PREVIOUS EMPLOYER'S NAME AND ADDRESS			FROM
			TO
EMPLOYMENT VERIFICATION AND WORK HISTORY			

8. Financial Status

Net Monthly Income	\$	House(s) / Land Market Value	\$
Spousal / Cohabitant Contribution	\$	Value of All Motor Vehicles	\$
Unemployment / Disability	\$	Cash	\$
Social Security	\$	Current Balance Checking Accts.	\$
Veterans Administration	\$	Current Balance Savings Accts.	\$
Pension	\$	Civil Judgment Awards / Pending	\$
Public Assistance / Subsidies	\$	Current Value of Stocks / Bonds	\$
Child Support / Alimony	\$	Face Value of CDs / IRAs / 401Ks	\$
Food Stamps	\$	Money Market Accounts	\$
Housing Subsidies	\$	Retrievable Bail Amt. & Location	\$
Trust Fund Income	\$		
Institutional Wages	\$	Other Assets	\$
Income From Rental Properties	\$	Other Assets	\$
TOTAL MONTHLY INCOME	\$	TOTAL ASSETS	\$
Rent	\$	Mortgage Loan Balances	\$
Mortgage	\$	Vehicle Loan Balances	\$
Property Taxes	\$	Support Arrearage	\$
Child Support / Alimony	\$	Medical / Dental / Hospital Debts	\$
PAID THROUGH PROBATION DEPT.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attorney Fees	\$
Vehicle Loans & Insurance	\$	Fines Owed to Other Courts	\$
Household Utilities	\$	Credit Card Balances	\$
Other Household Expenses	\$	Civil Judgments Owed	\$
Other Loans & Expenses	\$	Other Debts and Expenses	\$
TOTAL MONTHLY PAYMENTS	\$	TOTAL DEBTS	\$

FINANCIAL COMMENTS INCLUDING DEFENDANTS REPORTED ABILITY TO PAY COURT IMPOSED ASSESSMENTS PER MONTH:

I WISH TO BE REPRESENTED BY ☐ PUBLIC DEFENDER ☐ PRIVATE COUNSEL

CERTIFICATION

I certify that the foregoing statements made by me in the above Financial Statement are true. If I have indicated above that I wish to be represented by a public defender, I am submitting this Financial Statement in support of my application to establish indigency, and I am aware that if any statements made by me in the Financial Statement are willfully false, I am subject to punishment as provided by R. 1:4-4(b).

DEFENDANT'S SIGNATURE	DATE
INTERVIEWER'S SIGNATURE	TITLE
	DATE

Uniform Defendant Intake: Superior Court of NJ

LAST NAME

FIRST NAME

MIDDLE NAME

9. Family History

PARENTAL

MARITAL / CHILDREN

HOME / NEIGHBORHOOD / ENVIRONMENT

10. Military Service History

BRANCH

DISCHARGE

☐ HONORABLE ☐ GENERAL ☐ OTHER

SERVICE PERIOD

COMMENTS

11. Education

LAST SCHOOL YEAR
COMPLETED (1-20)

GRADUATE

☐ YES ☐ NO ☐ GED

YEAR GRADUATED

CURRENTLY IN SCHOOL

☐ YES ☐ NO

MAJOR / SPECIAL TRAINING

LAST SCHOOL ATTENDED

AGE LAST AT-
TENDED

COMMENTS

12. Other Information / Comments

COMMENTS



Adult Presentence Report

Superior Court of New Jersey, _____ County

This report shall remain confidential and copies thereof shall not be made nor the disclosure of the contents of such report be made to third persons except as may be necessary in subsequent court proceedings involving the sentence imposed or disposition made.

LAST NAME		FIRST NAME		MIDDLE NAME																					
ALSO KNOWN AS		SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	AGE	PLACE OF BIRTH																				
RACE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER			EYE COLOR																				
ADDRESS			STATE	ZIP CODE	RESIDENCE PHONE																				
INDICTMENT / ACCUSATION / COMPLAINT NUMBER		PROMIS NUMBER	SPN	SBI #	FBI #																				
ORIGINAL CHARGES			FINAL CHARGES																						
PLEA AGREEMENT / SPECIAL FACTORS <input type="checkbox"/> Trial <input type="checkbox"/> Plea			MANDATORY MINIMUM SENTENCE PURSUANT TO NJSA 2C: <table border="0"><tr><td><input type="checkbox"/> 11-3</td><td><input type="checkbox"/> 11-5</td><td><input type="checkbox"/> 12-2</td><td><input type="checkbox"/> 13-1</td></tr><tr><td><input type="checkbox"/> 14-6</td><td><input type="checkbox"/> 15-2</td><td><input type="checkbox"/> 17-1</td><td><input type="checkbox"/> 20-11</td></tr><tr><td><input type="checkbox"/> 29-6</td><td><input type="checkbox"/> 35-3</td><td><input type="checkbox"/> 35-4</td><td><input type="checkbox"/> 35-5</td></tr><tr><td><input type="checkbox"/> 35-6</td><td><input type="checkbox"/> 35-7</td><td><input type="checkbox"/> 35-8</td><td><input type="checkbox"/> 39-10</td></tr><tr><td><input type="checkbox"/> 43-6</td><td><input type="checkbox"/> 43-7</td><td><input type="checkbox"/> 43-7.1</td><td><input type="checkbox"/> 43-7.2</td></tr></table>			<input type="checkbox"/> 11-3	<input type="checkbox"/> 11-5	<input type="checkbox"/> 12-2	<input type="checkbox"/> 13-1	<input type="checkbox"/> 14-6	<input type="checkbox"/> 15-2	<input type="checkbox"/> 17-1	<input type="checkbox"/> 20-11	<input type="checkbox"/> 29-6	<input type="checkbox"/> 35-3	<input type="checkbox"/> 35-4	<input type="checkbox"/> 35-5	<input type="checkbox"/> 35-6	<input type="checkbox"/> 35-7	<input type="checkbox"/> 35-8	<input type="checkbox"/> 39-10	<input type="checkbox"/> 43-6	<input type="checkbox"/> 43-7	<input type="checkbox"/> 43-7.1	<input type="checkbox"/> 43-7.2
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<input type="checkbox"/> 43-6	<input type="checkbox"/> 43-7	<input type="checkbox"/> 43-7.1	<input type="checkbox"/> 43-7.2																						
OFFENSE DATE	ARREST DATE	PLEA / CONVICTION DATE	SENTENCE DATE		<input type="checkbox"/> Pending Charges <input type="checkbox"/> Detainers																				
CUSTODIAL STATUS <input type="checkbox"/> ROR <input type="checkbox"/> BAIL <input type="checkbox"/> JAIL _____		BAIL AMOUNT	DATE BAIL POSTED	INTERPRETER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGE																				
Jail Time Credit			Gap Time Credit																						
FROM (DATE)	TO (DATE)	TOTAL JAIL TIME CREDIT DAYS	FROM (DATE)	TO (DATE)	TOTAL GAP TIME CREDIT DAYS																				
SENTENCING JUDGE ASSISTANT PROSECUTOR			<input type="checkbox"/> Public Defender <input type="checkbox"/> Private <input type="checkbox"/> Assigned																						
			DEFENSE ATTORNEY _____ PHONE NUMBER _____																						
			ADDRESS _____																						
COMMENTS																									
PROBATION OFFICER		DATE PREPARED	TEAM LEADER / SUPERVISOR		DATE APPROVED																				

Multiple Charges Sheet

LAST NAME						FIRST NAME						MIDDLE NAME																																											
INDICTMENT / ACCUSATION / COMPLAINT NUMBER												PROMIS NUMBER																																											
ORIGINAL CHARGES																		FINAL CHARGES																																					
PLEA AGREEMENT / SPECIAL FACTORS <input type="checkbox"/> Trial <input type="checkbox"/> Plea																		MANDATORY MINIMUM SENTENCE PURSUANT TO NJSA 2C: <table border="0"><tr><td><input type="checkbox"/> 11-3</td><td><input type="checkbox"/> 11-5</td><td><input type="checkbox"/> 12-2</td><td><input type="checkbox"/> 13-1</td></tr><tr><td><input type="checkbox"/> 14-6</td><td><input type="checkbox"/> 15-2</td><td><input type="checkbox"/> 17-1</td><td><input type="checkbox"/> 20-11</td></tr><tr><td><input type="checkbox"/> 29-6</td><td><input type="checkbox"/> 35-3</td><td><input type="checkbox"/> 35-4</td><td><input type="checkbox"/> 35-5</td></tr><tr><td><input type="checkbox"/> 35-6</td><td><input type="checkbox"/> 35-7</td><td><input type="checkbox"/> 35-8</td><td><input type="checkbox"/> 39-10</td></tr><tr><td><input type="checkbox"/> 43-6</td><td><input type="checkbox"/> 43-7</td><td><input type="checkbox"/> 43-7.1</td><td><input type="checkbox"/> 43-7.2</td></tr></table>																		<input type="checkbox"/> 11-3	<input type="checkbox"/> 11-5	<input type="checkbox"/> 12-2	<input type="checkbox"/> 13-1	<input type="checkbox"/> 14-6	<input type="checkbox"/> 15-2	<input type="checkbox"/> 17-1	<input type="checkbox"/> 20-11	<input type="checkbox"/> 29-6	<input type="checkbox"/> 35-3	<input type="checkbox"/> 35-4	<input type="checkbox"/> 35-5	<input type="checkbox"/> 35-6	<input type="checkbox"/> 35-7	<input type="checkbox"/> 35-8	<input type="checkbox"/> 39-10	<input type="checkbox"/> 43-6	<input type="checkbox"/> 43-7	<input type="checkbox"/> 43-7.1	<input type="checkbox"/> 43-7.2
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OFFENSE DATE						ARREST DATE						PLEA / CONVICTION DATE						SENTENCE DATE																																					
CUSTODIAL STATUS <input type="checkbox"/> ROR <input type="checkbox"/> BAIL <input type="checkbox"/> JAIL _____												BAIL AMOUNT						DATE BAIL POSTED																																					
Jail Time Credit									Gap Time Credit																																														
FROM (DATE)			TO (DATE)			TOTAL JAIL TIME CREDIT DAYS			FROM (DATE)			TO (DATE)			TOTAL GAP TIME CREDIT DAYS																																								
PROSECUTOR NAME AND ADDRESS (IF DIFFERENT)									ATTORNEY NAME AND ADDRESS (IF DIFFERENT)																																														
COMMENTS																																																							

Offense Information

LAST NAME	FIRST NAME	MIDDLE NAME
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #
OFFENSE CIRCUMSTANCES		
SPECIAL FACTORS RELATIVE TO OFFENSE		
DEFENDANT'S VERSION (COMPLETE ONLY UPON APPLICATION FOR PTI AND AFTER CONVICTION)		
VICTIM STATEMENT(S) ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, CHECK REASON <input type="checkbox"/> NO RESPONSE <input type="checkbox"/> NOT APPLICABLE
		DATE REQUEST MADE

Case Analysis

LAST NAME	FIRST NAME	MIDDLE NAME
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #
ASSESSMENT OF FACTORS CONTRIBUTING TO PRESENT OFFENSE (2C:44-1)		
ASSESSMENT OF DEFENDANT'S PERSONALITY, PROBLEMS & THE POTENTIAL FOR PROBATION AS A DISPOSITION, NOTING POTENTIALLY AVAILABLE COMMUNITY RESOURCES FOR ASSISTANCE		
TEAM LEADER / PROBATION OFFICER	TEAM LEADER / PROBATION OFFICER SIGNATURE	DATE
SUPERVISOR	SUPERVISOR SIGNATURE	DATE

Court History	
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COURT HISTORY	
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[illegible]

Court History Continued

LAST NAME

FIRST NAME

MIDDLE NAME

COURT HISTORY

DATE

PLACE

OFFENSE

COURT

DISPOSITION



PTI Recommendation
Superior Court of New Jersey, _____ County

LAST NAME	FIRST NAME	MIDDLE NAME
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #

DEFENDANT RECOMMENDED FOR ENROLLMENT ☐ YES ☐ NO

RECOMMENDATIONS AND COMMENTS

CODEFENDANT STATUS

INSTRUCTIONS: Attach Postponement Order and Participation Agreement if recommended.

PROBATION OFFICER	PROBATION OFFICER SIGNATURE	DATE
SUPERVISOR	SUPERVISOR SIGNATURE	DATE APPROVED

Additional Information

LAST NAME	FIRST NAME	MIDDLE NAME
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #