



**Atlantic County Prosecutor's Office**  
*Veteran's Diversion Program*



**REFERRAL FORM TO PARTICIPATE IN THE ATLANTIC COUNTY PROSECUTOR'S OFFICE  
VETERAN'S DIVERSION PROGRAM**

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PROSECUTOR FILE NO.: \_\_\_\_\_

NAME OF DEFENDANT BEING REFERRED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CHARGES AGAINST DEFENDANT: \_\_\_\_\_

DEFENSE COUNSEL NAME AND TELEPHONE NO: \_\_\_\_\_

HEALTH INSURANCE: Yes \_\_\_ No \_\_\_ *If yes, specify: Medicaid \_\_\_ Medicare \_\_\_ Tricare \_\_\_ Private \_\_\_*

LIVING ARRANGEMENT: Own House/Apt. \_\_\_ With Family \_\_\_ Section 8 \_\_\_ Boarding Home \_\_\_ Temporary  
Shelter \_\_\_ Homeless \_\_\_ Other \_\_\_

SUSPECTED MENTAL ILLNESS: \_\_\_\_\_

SUSPECTED SUBSTANCE ABUSE ISSUES: \_\_\_\_\_

HAS DEFENDANT EVER BEEN DIAGNOSED BY A MEDICAL/MENTAL HEALTH PROFESSIONAL? Yes \_\_\_ No \_\_\_

IF SO, WHAT WAS THE DIAGNOSIS?: \_\_\_\_\_

DOCTOR'S NAME THAT DIAGNOSED DEFENDANT: \_\_\_\_\_

DOCTOR'S TELEPHONE NO.: \_\_\_\_\_

HAS DEFENDANT EVER BEEN PRESCRIBED MEDICATION FOR MENTAL ILLNESS?: Yes \_\_\_ No \_\_\_

IF YES, WHAT MEDICATIONS AND DATES PRESCRIBED? \_\_\_\_\_

PRESCRIBING DOCTOR'S NAME: \_\_\_\_\_

PRESCRIBING DOCTOR'S TELEPHONE NO.: \_\_\_\_\_

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HAS THE DEFENDANT EVER HAD AN EMERGENCY CRISIS SCREENING?: Yes \_\_\_\_ No \_\_\_\_

IF YES, WHERE, WHEN, AND WHAT WERE THE DISCHARGE RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAS DEFENDANT EVER BEEN HOSPITALIZED?: Yes \_\_\_\_ No \_\_\_\_

IF YES, WHERE, WHEN, AND WHAT WERE THE DISCHARGE RECOMMENDATIONS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAS DEFENDANT EVER BEEN LINKED WITH A CASE MANAGEMENT SERVICE?: Yes \_\_\_\_ No \_\_\_\_

IF YES, DATES: \_\_\_\_\_ COUNTY: \_\_\_\_\_

WHAT SERVICE?: CJS \_\_\_\_ ICMS \_\_\_\_ PATH \_\_\_\_ PACT \_\_\_\_ VA \_\_\_\_ OTHER \_\_\_\_

LIST ALL PAST AND PRESENT PSYCHIATRIC/SUBSTANCE ABUSE TREATMENT (INCLUDE INPATIENT, DAY PROGRAMS, THERAPY, ETC.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PRESENT PROBLEMS/REASONS FOR REFERRAL (REQUIRED): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**VETERAN'S DIVERSION PROGRAM INITIATIVE USE ONLY**

DATE REFERRAL RECEIVED: \_\_\_\_\_

LEGALLY APPROPRIATE: Yes \_\_\_\_ No \_\_\_\_

FINAL DECISION DATE: \_\_\_\_\_

DATE SENT TO DEFENSE COUNSEL: \_\_\_\_\_

A/P REVIEWING: \_\_\_\_\_