



# Atlantic County Prosecutor's Office

## *Veteran's Diversion Program*



### APPLICATION TO PARTICIPATE IN THE ATLANTIC COUNTY PROSECUTOR'S OFFICE VETERAN'S DIVERSION PROGRAM

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*The Atlantic County Prosecutor's Office has established a diversion program for Veterans and Servicemembers with serious mental illness and/or substance abuse issues. The goal is to work with appropriate individuals who agree to comply with supervised treatment to limit or avoid certain convictions or incarceration based upon continued cooperation.*

Defendant's Name: (Last, First, and M.I.) \_\_\_\_\_

Aliases (if appl.): \_\_\_\_\_

Defendant's Date of Birth: \_\_\_\_\_

Defendant's Social Security No.: \_\_\_\_\_

Defendant's Address: \_\_\_\_\_

Defendant's Telephone Number(s): \_\_\_\_\_

Defendant's Email Address(es): \_\_\_\_\_

Prosecutor File No.: \_\_\_\_\_

Indictment No. (if any): \_\_\_\_\_

Complaint No.: \_\_\_\_\_

Charges: (List current charges):

Indictable Offenses: \_\_\_\_\_

Disorderly Persons Offenses: \_\_\_\_\_

Local Ordinances and/or MV Summonses: \_\_\_\_\_

Please have defendant:

- 1) Read each item listed below and sign and date page 3.
- 2) Attach DD214 with paperwork. If the defendant doesn't have the form it can be obtained by going online to <https://www.ebenefits.va.gov/ebenefits/about/feature?feature=military-personnel-file>

I am requesting and I acknowledge that I am being considered for acceptance into the Atlantic County Prosecutor's Office Veteran's Diversion Program ("Program") should I qualify.

I am a resident of Atlantic County, New Jersey.

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I acknowledge and I am aware that acceptance into the Program is determined on a case-by-case basis, and that there is no right to acceptance, nor guarantee that I will be accepted.

I acknowledge and I am aware that the Program is voluntary and that I may choose at any time to decline and thus have my case proceed by traditional criminal prosecution.

I acknowledge and I am aware that I can terminate this process by informing the Program in writing that I do not want to be further considered for acceptance.

I agree to participate in the evaluation process to determine if I qualify for the Program and to help me decide if I want to enter the program should I qualify.

I agree to cooperate in the intake process, including filling out forms and providing releases so that the Program, Mental Health Providers, and Substance Abuse Treatment Providers can obtain relevant information about me, including medical, mental health, and substance abuse treatment information.

I agree to participate in psychological, substance abuse, and risk evaluations that may include completing written forms and tests and interviews with mental health and/or substance abuse professionals.

I acknowledge and I am aware that if I am accepted into the Program, I may be required to:

- Take medications as prescribed
- Submit to medication monitoring
- Submit to random drug screening
- Attend therapy and counseling as directed
- Maintain a certain residence
- Not have direct or indirect contact with specific persons or places
- Not commit any new offenses
- Not possess any weapons
- Agree to or fulfill other conditions as may be required by the Program, mental health providers, and/or substance abuse providers

I acknowledge and I am aware that during this application process, and if I am accepted into the Program, any and all applicable time limits of a traditional prosecution will be delayed. I further understand that should I be terminated from the Program for any reason, the tolling of any and all applicable time limits will also terminate and the criminal case against me shall proceed in the traditional course.

I acknowledge that if I am accepted into the Program, the time period in which I will be required to participate in the program will not be guaranteed upon my acceptance into the Program. The minimum period that I will be required to participate in the Program is six (6) months from the date of acceptance into the Program. The maximum time period I may be required to participate in the Program is two (2) years from the date of acceptance into the Program. The specific amount of time that I will be required to participate in the Program will be determined by the Atlantic County Prosecutor's Office in concert with my treatment team, who will continually evaluate my progress during my participation in the Program.

I acknowledge and I am aware that information about my case may be used for statistical purposes to evaluate the Program, but that any information used for evaluation of the Program will be anonymous.

I acknowledge and I am aware that during this application process, and if I am accepted into the Program, I must continue to attend all scheduled criminal or other court appearances for which I received proper notice. I acknowledge that if I fail to appear for any court proceedings for which I have received proper notice, a warrant for my arrest may be issued. I understand that if I move, it is my duty to ensure that I provide the Court, Program, and my treatment providers my most up-to-date address.

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I acknowledge and I am aware that should I successfully complete the requirements of the Program my charges will be dismissed.

I acknowledge and I am aware that there are additional documents I must sign and attach to this application in order to be evaluated for the Program. I have signed and attached the following mandatory documents to this application and understand that they will be used in order to determine whether I will be accepted into the Program:

- The Atlantic County Prosecutor's Office Veteran's Diversion Program Referral Form.
- The Atlantic County Prosecutor's Office Veteran's Diversion Program Release of Psychological, Mental Health Treatment, Substance Abuse, Addiction, Medical and/or Hospital Information and Records ("Release").
- DD214 Form
- Department of Veteran's Affairs Request For and Authorization to Release Medical Records or Health Information Form 10-5345.

Has the defendant submitted an application for PTI or is he/she currently on PTI? Yes \_\_\_\_ No \_\_\_\_

Has the defendant been terminated from PTI? Yes \_\_\_\_ No \_\_\_\_

Has the defendant successfully completed PTI? Yes \_\_\_\_ No \_\_\_\_

Does the defendant have a firearms ID card? Yes \_\_\_\_ No \_\_\_\_

Does the defendant have a pending firearms ID card application? Yes \_\_\_\_ No \_\_\_\_

Does the defendant own or have access to firearms? Yes \_\_\_\_ No \_\_\_\_

Has the defendant submitted an application to Drug Court or is he/she currently in Drug Court? Yes \_\_\_\_ No \_\_\_\_

Has the defendant been terminated from Drug Court? Yes \_\_\_\_ No \_\_\_\_

Defendant's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Defense Counsel's Printed Name and Signature: \_\_\_\_\_

Defense Counsel's Address: \_\_\_\_\_

Defense Counsel's Telephone No.: \_\_\_\_\_

Defense Counsel's Email Address: \_\_\_\_\_