



UNION COUNTY PROSECUTOR'S OFFICE
Jail Diversion/Veteran Diversion Referral Form

PD Case No. _____

Basic Information

Date of Referral: _____

Attorney Making Referral: _____ Phone No. _____

Relationship to the Defendant: _____

Reason for Referral: _____

Defendant's Information

Name: _____ Phone No. _____

Address: _____

DOB: _____ SSN _____

Health Insurance Information: ___ Yes ___ No

If "Yes," which ___ Medicaid ___ Medicare ___ Private

Living Arrangement Information:

___ Own house/Apt. ___ With family ___ Section 8 ___ Boarding Home

___ Temp. Shelter ___ Homeless

___ Other, Explain: _____

Veteran Information

Are you a veteran? ___ No ___ Yes Branch of Service: _____

If "No," continue to Case Information Section.

Are you eligible for VA benefits? ___ Yes ___ No

Dates of Service: _____

Nature of Discharge: ___ Honorable ___ General ___ Other than honorable ___ Other

Does the defendant have a certified copy of their DD Form 214? Yes No

Has the defendant ever been diagnosed with a disorder by Veterans Affairs? Yes No

If "Yes," explain: _____

Physician: _____

Date of Diagnosis: _____

Current Medications: _____

Case Information

Charges/Degrees: _____

In Custody? Yes No

If "Yes," where? (E.g., UCJ/Hudson County Jail/Logan Hall) _____

Is the defendant currently on bail or pretrial release for any other criminal matter in this or any other jurisdiction? Yes No

If "Yes," explain:

Has the defendant ever been arrested, charged, convicted, cited or held by any law enforcement or juvenile authorities in the United States regardless of whether the charge was dropped or dismissed on any occasion, other than this arrest? Yes No

If "Yes," explain (include nature of arrest, date when arrested, the jurisdiction where they were arrested and the disposition or outcome of their case):

Has the defendant ever been linked with a case management service? Yes No

Dates: _____ County: _____

Bridgeway ICMS PACT VA

Other: _____

Medical History

Suspected Mental Illness: _____

Suspected Substance Abuse Issue: _____

Has the defendant ever been diagnosed by a medical/mental health professional? Yes No

Diagnosis: _____ Date: _____

Has the defendant ever been prescribed medication for mental illness? Yes No

Date: _____ Prescribing Doctor: _____

Phone No. _____

Medication name(s): _____

Emergency Crisis Screening: Yes No

Where: _____ Dates: _____

Discharge Recommendations:

Hospitalizations: Yes No

Where: _____ Dates: _____

Discharge Recommendations:

List all past and present Psychiatric/Substance Abuse Treatment (including inpatient, day programs, therapy, etc.). Include names, contact information and dates of service:

Permission

Is attorney granting permission for defendant to undergo a psycho-social evaluation to determine clinical eligibility?

___ Yes ___ No

Attorney's Signature

Date

Is the defendant agreeing to obtain all requested medical and veteran-related documentation, sign requested releases, and participate in requested evaluations?

___ Yes ___ No

Next Court Date: _____*

*The Jail Diversion/Veteran Diversion Team will need at least a two-week adjournment to schedule and conduct evaluations. Any questions, please call the Special Offenders Unit, (908) 527-4500.

Email form to unionsou@ucpo.org or fax form to (908) 558-2594 to the attention of Special Offenders Unit.