

PLACE
STAMP
HERE

Case Processing Unit
Administrative Office of the Courts
PO Box 974
Trenton, New Jersey 08625-0974

Intensive Supervision Program

A Program of the
Administrative Office
of the Courts

ISP
PO Box 974
Trenton, NJ 08625 - 0974
(609) 815-3810



Q. How do I apply?

A. Just answer the questions on this form, and send it to ISP. If you do not have answers to all questions, complete the application with as much information as you can. You may submit your application as soon as you begin serving your sentence.

Q. Who decides whether I get in?

A. A panel of judges make the final decision.

Q. What happens after I apply?

A. It will take some time to review your application. Your criminal history will be reviewed. You will either receive a denial letter or be interviewed by an officer. If interviewed, you will be asked about your needs for housing, employment, treatment and asked to identify someone living in your community (preferably a non-family member) who will help you.

Q. What happens if I get in?

A. You will be immediately released from prison into ISP if you are granted admission to ISP by the Resentencing Panel. Once in the program you will have to comply with the conditions of your release. ISP is a tough program, but you will not be selected for the program unless the Resentencing Panel believes you can successfully complete ISP.

Q. What happens if I get into trouble?

A. Violation of any condition of ISP may result in your immediate return to prison. However, the majority of ISP participants are able to successfully complete the program.

Q. What is GAP?

A. GAP (Graduate Assistance Program) is a program consisting of ISP graduates (participants who complete ISP) who volunteer to become actively involved with participants. They serve as sponsors and/or network team members and act as support for the participant to help integrate each person back into society.

COLLECT CALLS ARE NOT ACCEPTED

Intensive Supervision Program

The Intensive Supervision Program (ISP) makes it possible for inmates who are sincerely interested in changing their lives to be released before they are eligible for parole. ISP permits offenders to serve the remainder of their sentences in the community rather than in prison. ISP is "prison without walls."

ISP is a strict no-nonsense program, but participants receive all the support, guidance and encouragement they need to successfully complete the program. You **MUST** obtain a full-time job, complete 16 hours of community service per month, attend treatment programs including ISP group meetings, observe a nightly curfew, keep a weekly budget, submit to frequent urine monitoring and pay all of your financial obligations. You may also be required to pay towards the cost incurred for supervising you in the program.

Your ISP Officer stands ready to give you all the help you will need to graduate from the program. The decision is up to you. Are you ready to make a change in your life for the better?

Basic Questions About ISP

Q. Am I eligible to apply to ISP?

A. You are eligible if you have been convicted and sentenced to a State Institution **UNLESS** the crime was one of the following offenses:

- Criminal Homicide
- Robbery
- Sexual Offense
- Bribery and Corrupt Influence
- Misconduct in Office/Abuse in Office
- Immigration Detainer
- Not a resident of New Jersey
- Not a state inmate
- Drug Court Violations
- Organized Crime
- First Degree Crime/Previous First Degree Crime
- Weapons Possession
- Other Good Cause as Found by the Trial Court or ISP

(CONTINUED ON OTHER SIDE OF CARD)

Fold along dotted line.

Please Complete All Requested Information		This Section For ISP Use Only
Your Name (Last/First/Middle Initial):		
Date of Birth:	Social Security Number:	
Your Institution:	Your number at the Institution and SBI Number:	
Sentence(s):	Judge(s):	
Date of Sentence:	Indictment Number(s):	
Offense(s):	Do you have any pending charges? (select one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the charges? Town and County where arrested on the charges:	
Have you ever been on ISP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of county where sentenced:		
Name/address of your attorney:	Attorney was (select one): <input type="checkbox"/> Hired by me or my family <input type="checkbox"/> Public Defender	
If you were accepted into the program, where would you live in New Jersey?		
Address (Street/Town):		Telephone Number: ()
List one or two people in your community and/or family who would be willing to help you get into ISP.		
1.	Name:	Telephone Number: ()
	Address (Street/Town):	
2.	Name:	Telephone Number: ()
	Address (Street/Town):	
Your Signature:		Date: