



**Superior Court of New Jersey
Criminal Division
Pretrial Intervention Program Application**

Name	Last Name	First Name	Middle Initial
Other Names Used			

Residence	Street	Apt #	Town	State	Zip
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Telephone	Cell Phone	Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Interpreter Needed? If yes, indicate language:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Emergency Contact Name	Telephone	Relationship
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Present Status In custody? If yes, where:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I. Prior Diversion Ineligibility

Have you ever been enrolled in a program of pretrial intervention, been placed into supervisory treatment under the conditional discharge statute (N.J.S.A. 24:21-27 or 2C:36A-1), or the conditional dismissal program (N.J.S.A. 2C:43-13.1 *et seq.*), or been granted a dismissal due to successful participation in the Veterans Diversion Program (N.J.S.A. 2C:43-23 *et seq.*), or enrolled in a diversionary program under the laws of any other state or the United States for a felony or indictable offense? Yes No

If yes, specify what program:
 Pretrial Intervention Conditional Discharge Conditional Dismissal Veterans Diversion Program
 Other Please provide the name of the program _____
The State or Federal court where it was ordered _____
The indictable offense or felony you were charged with _____

If the answer to this question is Yes, you are ineligible to apply to this program.

II. Current Charges

Complaint/Accusation/Indictment No.	Promis/Gavel No.
Name of co-defendant(s), if any	
Charge(s)	

Are you charged with a crime(s) that has a presumption of incarceration or a mandatory minimum period of parole ineligibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, you must include a separate page with this application that includes compelling reasons that justify consideration of this application.		
Did you attach a separate page to this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the prosecutor consent to consider your application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown

III. Prior Criminal Record

Do you have a prior indictable/felony conviction in this State, another State, or the United States? Yes No
If yes, where:

If yes, **you must include a separate page** with this application that includes compelling reasons that justify consideration of this application.

Did you attach a separate page to this application? Yes No

Did the prosecutor consent to consider your application? Yes No Unknown

IV. Charges with a Presumption Against Admission (N.J.S.A. 2C:43-12(b)(2))

1. You are a Public Officer or Employee and the charge(s) involved or touched your office or employment.
2. The charge(s) involve Domestic Violence, and (a) was committed when a temporary or final restraining order was in effect, or (b) the charge(s) involves violence or the threat of violence.

If either of the above apply, **you must include a separate page** with this application that includes compelling reasons that justify consideration of this application.

Did you attach a separate page to this application? Yes No

V. Representation

Do you have an attorney? Yes No

If yes: Private Attorney Public Defender Assigned

Attorney's Name _____ Attorney's Address _____ Telephone _____

Defense Attorney Signature

Date

VI. Application Fee

There is a non-refundable \$75 application fee that must be submitted with this application unless the fee is waived by reason of verified inability to pay. Payments will be accepted in the form of cash, check or cashier's check. **"Starter" or temporary checks will be NOT be accepted.** Checks should be made out to *Treasurer, State of New Jersey*.

Payment should be made to the Finance Division at the county courthouse where the charges have been filed. The receipt must be submitted when the application is filed with the Criminal Division.

VII. Acknowledgment of Defendant

I acknowledge that I have read the Pretrial Intervention (PTI) Program Summary and understand the requirements of this program, and would like to be considered for enrollment to the PTI program.

I understand that if the prosecutor's consent to consider my application is required, my application will not be considered by the Criminal Division until: (1) a statement of compelling reasons is received by the Criminal Division; and (2) the prosecutor's consent is received in writing.

I understand that if compelling reasons are required to overcome a presumption against admission, failure to provide compelling reasons to the Criminal Division may result in rejection of my application.

I understand that if I want to challenge the prosecutor's decision not to consider my application, or a recommendation against enrollment by either the prosecutor or the criminal division manager or designee, that I must file a motion within 10 days of receipt of the rejection to the Presiding Judge of the Criminal Division, or judge to whom my case has been assigned.

Print Name of Defendant

Signature of Defendant

Date

Official Use Only

Defendant is Ineligible
 Yes No N/A

Prosecutor Consent Required
 Yes No N/A

Prosecutor Consented
 Yes No Unknown

Statement Submitted
 Yes No N/A

Fee Paid _____

Fee Waived _____