



Uniform Defendant Intake Superior Court of NJ

LAST NAME			FIRST NAME			MIDDLE NAME			
ALSO KNOWN AS			SPN		SBI #		DRIVER'S LICENSE NUMBER		
DATE OF BIRTH		AGE	PLACE OF BIRTH			SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		DISTINGUISHING MARKS				
ALIEN STATUS		CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> OTHER		OTHER CITIZENSHIP (NATIONALITY)		INTERPRETER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LANGUAGE	
ATTORNEY'S NAME				COMPLAINT DATE		ARREST DATE			
POLICE AGENCY				COUNTY		COURT OF FILING			
COMMITMENT NO.	INITIAL BAIL AMOUNT \$	INITIAL BAIL TYPE <input type="checkbox"/> FULL SURETY <input type="checkbox"/> 10% CASH <input type="checkbox"/> ROR <input type="checkbox"/> OTHER _____				BAIL STATUS <input type="checkbox"/> JAIL <input type="checkbox"/> ROR <input type="checkbox"/> BAIL			
CHARGES			COMPLAINT NUMBERS		PROMIS NUMBERS		INDICTMENT / ACC. NUMBER		
CODEFENDANTS' NAMES			COMPLAINT NUMBERS		PROMIS NUMBERS		INDICTMENT / ACC. NUMBER		

1. Criminal History

PRIOR RECORD <input type="checkbox"/> YES <input type="checkbox"/> NO	PENDING CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO
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2. Residence

NUMBER OF YEARS IN COUNTY: NJ: US:		RESIDENCE STATUS <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER		HOW LONG AT CURRENT ADDRESS	
ADDRESS					ZIP CODE
NAME OF COHABITANT		RELATIONSHIP TO DEFENDANT		RESIDENCE PHONE	EMERGENCY PHONE
PRIOR ADDRESS					ZIP CODE
NAME OF COHABITANT		RELATIONSHIP TO DEFENDANT		HOW LONG AT THIS ADDRESS	
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP			NUMBER OF DEPENDENTS		PAY SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE DEFENDANT HAVE PRIMARY CARE OF CHILDREN OR OTHER DEPENDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		IF YES, HAS THE DEFENDANT MADE ALTERNATE CARE ARRANGEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS ALTERNATE CARE INFORMATION BEEN OBTAINED OR REFERRAL MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEFENDANT SUPPLEMENTAL CONTACT			RELATIONSHIP TO DEFENDANT		TELEPHONE NUMBER
CONTACT PERSON'S ADDRESS					ZIP CODE
COMMENTS					

Uniform Defendant Intake: Superior Court of NJ

LAST NAME	FIRST NAME	MIDDLE NAME
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3. Defendant's Health Status

REPORTED PHYSICAL HEALTH <input type="checkbox"/> GOOD <input type="checkbox"/> POOR	REPORTED MENTAL HEALTH <input type="checkbox"/> GOOD <input type="checkbox"/> POOR	DRUG / ALCOHOL USE <input type="checkbox"/> PRESENT <input type="checkbox"/> PAST <input type="checkbox"/> NONE	USE AT TIME OF OFFENSE <input type="checkbox"/> YES <input type="checkbox"/> NO
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4. Physical Appearance / Additional Comments

PHYSICAL APPEARANCE DESCRIPTION

MEDICATION / FREQUENCY

5. Substance Abuse History

SUBSTANCE USED	FREQUENCY	METHOD OF INGESTION	INITIAL USE	LAST USE

6. Medical / Mental Health / Substance Abuse Treatment History & Insurance Coverage

TREATMENT FACILITIES	LOCATIONS	DATES OF TREATMENT

DIAGNOSIS / COMMENTS

ADULT DIAGNOSTIC TREATMENT CENTER EVALUATION ORDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ORDERED	COPY RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
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PSYCHOLOGICAL EVALUATION ORDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ORDERED	COPY RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
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REFERRED FOR SUBSTANCE ABUSE EVALUATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	TASC <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER AGENCY
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HEALTH INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURED'S NAME	POLICY NUMBER
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INSURANCE CARRIER NAME AND ADDRESS

COMMENTS

Uniform Defendant Intake: Superior Court of NJ

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7. Employment

CURRENT EMPLOYER'S NAME AND ADDRESS			
OCCUPATION	YEARS / MOS.	PHONE	
SKILLS	SALARY	IF UNEMPLOYED, HOW LONG	HOW SUPPORTED
PREVIOUS EMPLOYER'S NAME AND ADDRESS			FROM TO
EMPLOYMENT VERIFICATION AND WORK HISTORY			

8. Financial Status

Net Monthly Income	\$	House(s) / Land Market Value	\$
Spousal / Cohabitant Contribution	\$	Value of All Motor Vehicles	\$
Unemployment / Disability	\$	Cash	\$
Social Security	\$	Current Balance Checking Accts.	\$
Veterans Administration	\$	Current Balance Savings Accts.	\$
Pension	\$	Civil Judgment Awards / Pending	\$
Public Assistance / Subsidies	\$	Current Value of Stocks / Bonds	\$
Child Support / Alimony	\$	Face Value of CDs / IRAs / 401Ks	\$
Food Stamps	\$	Money Market Accounts	\$
Housing Subsidies	\$	Retrievable Bail Amt. & Location	\$
Trust Fund Income	\$		
Institutional Wages	\$	Other Assets	\$
Income From Rental Properties	\$	Other Assets	\$
TOTAL MONTHLY INCOME	\$	TOTAL ASSETS	\$
Rent	\$	Mortgage Loan Balances	\$
Mortgage	\$	Vehicle Loan Balances	\$
Property Taxes	\$	Support Arrearage	\$
Child Support / Alimony	\$	Medical / Dental / Hospital Debts	\$
PAID THROUGH PROBATION DEPT.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attorney Fees	\$
Vehicle Loans & Insurance	\$	Fines Owed to Other Courts	\$
Household Utilities	\$	Credit Card Balances	\$
Other Household Expenses	\$	Civil Judgments Owed	\$
Other Loans & Expenses	\$	Other Debts and Expenses	\$
TOTAL MONTHLY PAYMENTS	\$	TOTAL DEBTS	\$

FINANCIAL COMMENTS INCLUDING DEFENDANTS REPORTED ABILITY TO PAY COURT IMPOSED ASSESSMENTS PER MONTH:

I WISH TO BE REPRESENTED BY PUBLIC DEFENDER PRIVATE COUNSEL

WARNING REGARDING CONFIDENTIALITY

At the direction of the Assignment Judge acting on his or her own initiative, or in response to a valid grand jury subpoena with the approval of the Assignment Judge, this page (UDIR-3) may be produced to a grand jury and a prosecutor.

CERTIFICATION

I certify that the foregoing statements made by me in the above Financial Statement are true. If I have indicated above that I wish to be represented by a public defender, I am submitting this Financial Statement in support of my application to establish indigency, and I am aware that if any statements made by me in the Financial Statement are willfully false, I am subject to punishment as provided by R. 1:4-4(b).

DEFENDANT'S SIGNATURE	DATE
INTERVIEWER'S SIGNATURE	TITLE
	DATE

Uniform Defendant Intake: Superior Court of NJ

LAST NAME

FIRST NAME

MIDDLE NAME

9. Family History

PARENTAL

MARITAL / CHILDREN

HOME / NEIGHBORHOOD / ENVIRONMENT

10. Military Service History

BRANCH

DISCHARGE

HONORABLE GENERAL OTHER

SERVICE PERIOD

COMMENTS

11. Education

LAST SCHOOL YEAR
COMPLETED (1-20)

GRADUATE

YES NO GED

YEAR GRADUATED

CURRENTLY IN SCHOOL

YES NO

MAJOR / SPECIAL TRAINING

LAST SCHOOL ATTENDED

AGE LAST ATTENDED

COMMENTS

12. Other Information / Comments

COMMENTS



Adult Presentence Report

Superior Court of New Jersey, _____ County

This report shall remain confidential and copies thereof shall not be made nor the disclosure of the contents of such report be made to third persons except as may be necessary in subsequent court proceedings involving the sentence imposed or disposition made.

LAST NAME		FIRST NAME		MIDDLE NAME	
ALSO KNOWN AS		SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	AGE	PLACE OF BIRTH
RACE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		EYE COLOR	
ADDRESS			STATE	ZIP CODE	RESIDENCE PHONE
INDICTMENT / ACCUSATION / COMPLAINT NUMBER		PROMIS NUMBER	SPN	SBI #	FBI #
ORIGINAL CHARGES			FINAL CHARGES		
PLEA AGREEMENT / SPECIAL FACTORS <input type="checkbox"/> Trial <input type="checkbox"/> Plea			MANDATORY MINIMUM SENTENCE PURSUANT TO N.J.S.A. 2C: <input type="checkbox"/> 11-3 <input type="checkbox"/> 11-5 <input type="checkbox"/> 12-2 <input type="checkbox"/> 13-1 <input type="checkbox"/> 14-6 <input type="checkbox"/> 15-2 <input type="checkbox"/> 17-1 <input type="checkbox"/> 20-11 <input type="checkbox"/> 29-6 <input type="checkbox"/> 35-3 <input type="checkbox"/> 35-4 <input type="checkbox"/> 35-5 <input type="checkbox"/> 35-6 <input type="checkbox"/> 35-7 <input type="checkbox"/> 35-8 <input type="checkbox"/> 39-10 <input type="checkbox"/> 43-6 <input type="checkbox"/> 43-7 <input type="checkbox"/> 43-7.1 <input type="checkbox"/> 43-7.2		
OFFENSE DATE	ARREST DATE	PLEA / CONVICTION DATE	SENTENCE DATE	<input type="checkbox"/> Pending Charges <input type="checkbox"/> Detainers	
CUSTODIAL STATUS <input type="checkbox"/> ROR <input type="checkbox"/> BAIL <input type="checkbox"/> JAIL _____		BAIL AMOUNT	DATE BAIL POSTED	INTERPRETER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGE
Jail Time Credit			Gap Time Credit		
FROM (DATE)	TO (DATE)	TOTAL JAIL TIME CREDIT DAYS	FROM (DATE)	TO (DATE)	TOTAL GAP TIME CREDIT DAYS
			<input type="checkbox"/> Public Defender <input type="checkbox"/> Private <input type="checkbox"/> Assigned		
SENTENCING JUDGE		DEFENSE ATTORNEY		PHONE NUMBER	
ASSISTANT PROSECUTOR		ADDRESS			
COMMENTS					
PROBATION OFFICER		DATE PREPARED	TEAM LEADER / SUPERVISOR		DATE APPROVED

Multiple Charges Sheet

LAST NAME			FIRST NAME			MIDDLE NAME																						
INDICTMENT / ACCUSATION / COMPLAINT NUMBER					PROMIS NUMBER																							
ORIGINAL CHARGES					FINAL CHARGES																							
PLEA AGREEMENT / SPECIAL FACTORS <input type="checkbox"/> Trial <input type="checkbox"/> Plea					MANDATORY MINIMUM SENTENCE PURSUANT TO N.J.S.A. 2C: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 11-3</td> <td><input type="checkbox"/> 11-5</td> <td><input type="checkbox"/> 12-2</td> <td><input type="checkbox"/> 13-1</td> </tr> <tr> <td><input type="checkbox"/> 14-6</td> <td><input type="checkbox"/> 15-2</td> <td><input type="checkbox"/> 17-1</td> <td><input type="checkbox"/> 20-11</td> </tr> <tr> <td><input type="checkbox"/> 29-6</td> <td><input type="checkbox"/> 35-3</td> <td><input type="checkbox"/> 35-4</td> <td><input type="checkbox"/> 35-5</td> </tr> <tr> <td><input type="checkbox"/> 35-6</td> <td><input type="checkbox"/> 35-7</td> <td><input type="checkbox"/> 35-8</td> <td><input type="checkbox"/> 39-10</td> </tr> <tr> <td><input type="checkbox"/> 43-6</td> <td><input type="checkbox"/> 43-7</td> <td><input type="checkbox"/> 43-7.1</td> <td><input type="checkbox"/> 43-7.2</td> </tr> </table>				<input type="checkbox"/> 11-3	<input type="checkbox"/> 11-5	<input type="checkbox"/> 12-2	<input type="checkbox"/> 13-1	<input type="checkbox"/> 14-6	<input type="checkbox"/> 15-2	<input type="checkbox"/> 17-1	<input type="checkbox"/> 20-11	<input type="checkbox"/> 29-6	<input type="checkbox"/> 35-3	<input type="checkbox"/> 35-4	<input type="checkbox"/> 35-5	<input type="checkbox"/> 35-6	<input type="checkbox"/> 35-7	<input type="checkbox"/> 35-8	<input type="checkbox"/> 39-10	<input type="checkbox"/> 43-6	<input type="checkbox"/> 43-7	<input type="checkbox"/> 43-7.1	<input type="checkbox"/> 43-7.2
<input type="checkbox"/> 11-3	<input type="checkbox"/> 11-5	<input type="checkbox"/> 12-2	<input type="checkbox"/> 13-1																									
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<input type="checkbox"/> 29-6	<input type="checkbox"/> 35-3	<input type="checkbox"/> 35-4	<input type="checkbox"/> 35-5																									
<input type="checkbox"/> 35-6	<input type="checkbox"/> 35-7	<input type="checkbox"/> 35-8	<input type="checkbox"/> 39-10																									
<input type="checkbox"/> 43-6	<input type="checkbox"/> 43-7	<input type="checkbox"/> 43-7.1	<input type="checkbox"/> 43-7.2																									
OFFENSE DATE		ARREST DATE		PLEA / CONVICTION DATE		SENTENCE DATE																						
CUSTODIAL STATUS <input type="checkbox"/> ROR <input type="checkbox"/> BAIL <input type="checkbox"/> JAIL _____					BAIL AMOUNT		DATE BAIL POSTED																					
Jail Time Credit				Gap Time Credit																								
FROM (DATE)		TO (DATE)	TOTAL JAIL TIME CREDIT DAYS	FROM (DATE)		TO (DATE)	TOTAL GAP TIME CREDIT DAYS																					
PROSECUTOR NAME AND ADDRESS (IF DIFFERENT)				ATTORNEY NAME AND ADDRESS (IF DIFFERENT)																								
COMMENTS																												

Offense Information

LAST NAME	FIRST NAME	MIDDLE NAME
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #
OFFENSE CIRCUMSTANCES		
SPECIAL FACTORS RELATIVE TO OFFENSE		
DEFENDANT'S VERSION (COMPLETE ONLY UPON APPLICATION FOR PTI AND AFTER CONVICTION)		
VICTIM STATEMENT(S) ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, CHECK REASON <input type="checkbox"/> NO RESPONSE <input type="checkbox"/> NOT APPLICABLE	DATE REQUEST MADE

Case Analysis

LAST NAME	FIRST NAME	MIDDLE NAME
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #

ASSESSMENT OF FACTORS CONTRIBUTING TO PRESENT OFFENSE (*N.J.S.A. 2C:44-1*)

ASSESSMENT OF DEFENDANT'S PERSONALITY, PROBLEMS & THE POTENTIAL FOR PROBATION AS A DISPOSITION, NOTING POTENTIALLY AVAILABLE COMMUNITY RESOURCES FOR ASSISTANCE

TEAM LEADER / PROBATION OFFICER	TEAM LEADER / PROBATION OFFICER SIGNATURE	DATE
SUPERVISOR	SUPERVISOR SIGNATURE	DATE

Court History

LAST NAME		FIRST NAME		MIDDLE NAME	
SBI #	FBI #	PENDING CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	ACTIVE BENCH WARRANTS <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAINERS <input type="checkbox"/> YES <input type="checkbox"/> NO	

DISCUSSION OF PRIOR COURT HISTORY AND PENDING CHARGES

COURT HISTORY

DATE	PLACE	OFFENSE	COURT	DISPOSITION
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Court History Continued

LAST NAME

FIRST NAME

MIDDLE NAME

COURT HISTORY

DATE

PLACE

OFFENSE

COURT

DISPOSITION



PTI Recommendation
Superior Court of New Jersey, _____ County

LAST NAME	FIRST NAME	MIDDLE NAME
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #

DEFENDANT RECOMMENDED FOR ENROLLMENT YES NO

RECOMMENDATIONS AND COMMENTS

CODEFENDANT STATUS

INSTRUCTIONS: Attach Postponement Order and Participation Agreement if recommended.

PROBATION OFFICER	PROBATION OFFICER SIGNATURE	DATE
SUPERVISOR	SUPERVISOR SIGNATURE	DATE APPROVED

Additional Information

LAST NAME	FIRST NAME	MIDDLE NAME
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #

Large empty rectangular area for providing additional information.