



Monmouth County Prosecutor's Office

Veterans Diversion Program

Application

Application to participate in the Monmouth County Prosecutor's Office Veterans Diversion Program

The Monmouth County Prosecutor's Office has established a diversion program for Veterans with serious mental illness. The goal is to work with appropriate individuals who agree to comply with supervised treatment to limit or avoid certain convictions or incarcerations based upon continued cooperation

Defendant's Name (Last, First, MI) _____

Aliases: _____

DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Prosecutor Case Number(s): _____

Indictment/Accusation Number(s): _____

Complaint Number(s): _____

Please have defendant:

- 1) Read each item listed below and sign and date page 2
- 2) Attach DD214 with paperwork. If defendant does not have the form it may be obtained online at <https://www.archives.gov/veterans/military-service-records>

- I am requesting and acknowledge that I am being considered for acceptance into the Monmouth County Prosecutor's Office Veterans Division Program (VDP).
- I am a resident of Monmouth County.
- I acknowledge and am aware that acceptance into the Program is determined on a case-by-case basis at the sole discretion of the Monmouth County Prosecutor's Office, and that there is no right to acceptance, nor guarantee that I will be accepted.
- I acknowledge and am aware that the Program is voluntary and that I may choose at any time to decline and have my case proceed by traditional criminal prosecution.
- 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 am aware that should I successfully complete the requirements of the Program to the satisfaction of the Prosecutor my criminal charges will be dismissed.



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- I acknowledge and am aware that there are additional documents I must sign and attached to this application and understand that they will be used in order to determine whether I will be accepted into the Program.
 - The Monmouth County Prosecutor's Office Veterans Diversion Program Referral Form
 - The Monmouth County Prosecutor's Office Veterans Diversion Program Release of Psychiatric, Psychological, Mental Health Treatment, Substance Abuse, Addiction, Medical and/or Hospital Information and Records
 - The Monmouth County Prosecutor's Office Veterans Diversion Program Acknowledgements Form
 - DD214 Form
 - VA Authorization Release for medical records or health information, available at <https://www.va.gov/vaforms/medical/pdf/vha-10-5345-fill.pdf>

Defendant's or Legal Guardian's Signature: _____ Date: _____

Defense Counsel's Name: _____ Signature: _____

Defense Counsel Address: _____

Telephone No. _____ Fax. No. _____

- | | | |
|---|------------------------------|-----------------------------|
| Has the Defendant submitted an application for PTI or is currently in PTI? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Defendant been terminated from PTI? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Defendant successfully completed PTI? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Defendant have a Firearms ID card? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Defendant have a pending Firearms ID card application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Defendant own or have access to firearms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Def. submitted an application to Drug Court or currently in Drug Court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Defendant been terminated from Drug Court | <input type="checkbox"/> Yes | <input type="checkbox"/> No |