Restart Diversion Program Application

The Monmouth County Prosecutor's Office ("MCPO") has established a prosecutor-led diversion program called the **Restart Diversion Program** ("*Restart*") for non-violent, low-level offenders with pending 3rd or 4th degree charges in Monmouth County Superior Court. Participants are believed to have committed their offenses due to an existing or suspected mental health disorder or there is a nexus between the offense and their mental health disorder. Candidates will undergo a legal and clinical screening before being accepted into the program. Accepted applicants will plead guilty with a jail alternative. The goal is to work with appropriate individuals who agree to comply with supervised treatment and social services thereby avoiding incarceration and restarting their life. Should the participant successfully complete *Restart*, a motion for dismissal of the charge(s) will be made before the respective judge. DWI and DUI motor vehicle tickets are not eligible for dismissal. Acceptance, compliance, violation and completion of *Restart* is in the discretion of the Monmouth County Prosecutor's Office. These decisions by the MCPO are final and not subject to appellate review.

APPLICANT'S CONTACT INFORMATION

Applicant's Name _____
Aliases: _____
Date of Birth: _____Age: _____Social Security Number: _____
Address (Include Apartment Number): _____
Telephone Number: _____ Email: _____
Alternate Contact Person/Relationship: _____
Alternate Contact Address/Telephone: _____

ATTORNEY'S CONTACT INFORMATION

Attorney's Name: _____
Address: _____
Telephone Number: _____
Email Address:

OPEN CASES

PC-SAM/Promis Gavel Number(s): _____
Indictment Number(s): _____
Charges:
_____

_____
Applicant's Initials

Restart Diversion Program Agreement

1. I am requesting and acknowledge that I am being considered for acceptance into **the Monmouth County Prosecutor's Office's Restart Diversion Program** ("*Restart*") should I qualify.

2. I am a resident of Monmouth County, New Jersey.

3. I acknowledge and am aware that acceptance into *Restart* is determined on a case-by-case basis and there is no right to acceptance, nor is there a guarantee that I will be accepted.

4. I acknowledge and am aware that my application to *Restart* is voluntary and that I may choose at any time to decline entrance and thus have my case proceed by traditional criminal prosecution.

5. I agree to participate in the legal screening and clinical evaluation process to determine if I qualify for *Restart* and to help me decide if I want to enter Restart should I qualify.

6. I understand the legal screening can take 30 days or more after the Monmouth County Prosecutor's Office's receipt of records. I understand that the clinical evaluation can take 60 days or more after the completion of the legal determination. I waive my right to speedy trial during this time period. Moreover, any excludable time for the legal and clinical process will be attributable to me/the applicant (a named defendant in the criminal prosecution).

7. I agree to cooperate in the intake process, including filling out forms and providing releases so that the *Restart* Team, Mental Health Providers and Substance Use Treatment Providers can obtain relevant information about me, including medical, mental health, and substance use treatment information. At any point, should my cooperation cease or be unduly prolonged due to my actions, the application may be withdrawn or denied.

8. I agree to participate in medical, psychological, substance use, and risk evaluations that may include completing written forms and tests and interviews with mental health and/or substance use professionals.

9. I acknowledge and am aware that I can terminate this screening process by informing the *Restart* Coordinator in writing through my attorney that I do not want to be further considered for acceptance.

_____
Applicant's Initials

10. I acknowledge and am aware that if I am accepted into *Restart* that I may be required to:

• Take medication as prescribed • Submit to medication management and monitoring • Abstain from drugs and alcohol • Submit to random drug screening • Attend therapy and counseling as directed • Remain in Monmouth County and inform the team if I move or become homeless • Agree to any no contact orders with specific people and no return to scene orders with places • Shall not possess any weapons	• Not commit any new offenses but agree to report any law enforcement contact to the Team • Submit to graduated sanctions for **willful noncompliance** with the terms of my participation, including but not limited to increased court or treatment reporting, frequent drug testing, essay writing, community service, and/or jail time. • Agree to or fulfill other conditions as may be required or assigned by the *Restart* Team or the Court.

11. I understand that during the application process and if I am accepted into *Restart*, all applicable time limits of a traditional prosecution will be delayed. I further understand that if I am terminated from the Program, the tolling of any time limits will also terminate and the criminal case against me shall proceed to sentencing. Further, I understand that any decisions made by the MCPO in relation to my application for *Restart* are final and not subject to appellate review.

12. I understand that if I am accepted into *Restart*, I will be required to participate in the program for a minimum of one (1) year from the date of acceptance. However, I understand and agree that the time that I will be required to participate in the program will be determined by the Monmouth County Prosecutor's Office with my treatment team, who will continually evaluate my progress during my participation in *Restart*.

13. I understand that I will be required to plead guilty to some or all of the charges filed against me as a condition of acceptance into *Restart* and there will be a jail alternative if I am terminated from *Restart*. I further understand that upon entrance into *Restart*, I may not withdraw my plea and, should I be terminated from *Restart*, the State will ask the court to impose the agreed upon alternative sentence. I also understand that my DWI and DWS motor vehicle tickets are not eligible for dismissal.

14. I understand that some of the information about my case may be used for statistical purposes to evaluate *Restart*, but that any information used will be anonymous.

15. I understand that during this application process, and if I am accepted into *Restart*, I must continue to attend all scheduled court appearances for which I received proper notice. I acknowledge that if I fail to appear for any court proceedings for which I have received proper notice, a warrant for my arrest may be issued. I understand that if I move or change telephone numbers and/or providers, it is my duty to ensure that I provide the court, probation, and my treatment providers my most up-to-date address and contact information.

16. I understand that the determination if I am complying with *Restart* and whether a violation of *Restart* is issued is left in the discretion of the MCPO with input from the Clinical Team. These decisions are final and not subject to appellate review.

_____
Applicant's Initials

17. I acknowledge and am aware that should I successfully complete the requirements of the Program, a motion for dismissal of the charge(s) I pled guilty to will be made before the *Restart* judge. DUI motor vehicle tickets are not eligible for dismissal.

18. I understand that I must sign and attach The Monmouth County Prosecutor's Office Restart Diversion Program Authorization for Release of Patient Records ("Release"), in order to be legally and clinically evaluated for *Restart* and have signed and attached it hereto. I understand that this applies to any psychiatric, psychological, and any and all medical, clinical, and substance use records with the understanding that these records will be available for review and reference by the Team.

19. I understand and acknowledge that the uses and disclosures of my personal health information are protected by HIPAA and various privacy laws. I agree that my personal health information may be obtained by members of the *Restart* Team and may be redisclosed only to persons associated with *Restart*. Possible persons associated with the program include but are not limited to Superior Court Judge(s), The Public Defender's Office, your attorney, the Probation Department, Monmouth County Prosecutor's Office, personnel associated with *Restart*, the Monmouth County Jail, CPC Integrated Health, RWJBH Monmouth Medical Center, the Mental Health Association of Monmouth County, and related community providers.

20. I understand that any personal health information is to be used solely for acceptance into and continued participation in *Restart*. If I am not accepted or am terminated from *Restart*, any information including statements made by me or evidence derived therefrom shall not be used in any criminal proceeding against me, unless those records are obtained by separate release or court order. Any records obtained by *Restart*'s clinical staff shall be distributed to my attorney(s).

21. I understand that my participation in *Restart* is conditioned upon my signing the Restart Diversion Program's Application, Agreement, Authorization for Release of Patient Records and Waiver of Speedy Trial and Excludable Time, and that throughout the duration of my participation, I am authorizing members of *Restart* to access my personal health information. I understand that I am no longer eligible for the program if I do not sign or if I revoke the Authorization for Release.

Applicant's Signature_____ Date _____

Attorney's Signature_____ Date _____

_____
Applicant's Initials

Authorization for Release of Patient Records to the
Monmouth County Prosecutor's Office's Restart Diversion Program

Patient's Name _____ Birth Date _____ SSN _____

1. I authorize _____ to disclose any psychiatric, psychological, medical, clinical, and substance use records to any member of the Monmouth County Prosecutor's Office's Restart Diversion Program treatment team, including but not limited to CPC Integrated Health, RWJBH Monmouth Medical Center, Mental Health Association of Monmouth County, Monmouth County Probation Department – Mental Health Unit, NJ Office of the Public Defender, Monmouth County Correctional Institution (MCCI), and the Hon. Paul X. Escandon, J.S.C. or his designees.

   Records requested should be sent to_____: I further authorize that electronic copies may be sent to: _____

2. I understand that those records will include but are not limited to: intake records, psychosocial evaluations, diagnoses, treatments, medications, attendance, behavioral contracts, discharge records and recommendations from the date of my intake until present. I authorize the following records to be disclosed: Click here to enter text.

3. The purpose of this disclosure is to assist in my legal case.

   I understand that if my medical records contain information related to the history, diagnosis and or treatment of any psychiatric problem, mental illness, drug abuse, alcoholism, sexually transmitted or communicable disease, AIDS, or HIV, and that my signing this document authorizes _____ to release that information. I know that New Jersey has statutory privilege accorded to confidential communication between a licensed doctors, psychologists, and other mental health or medical professionals and that my signing this form waives this privilege.

   ☐ A check here indicates that I believe my medical records may contain DNA test results or other genetic information. Such information is specially protected by New Jersey laws and I will be contacted for specific consent prior to the release of this information.

4. This authorization may be revoked at any time by sending written notice to the Restart Coordinator Assistant Prosecutor Lindsay Ashwal at lashwal@mcponj.org, except to the extent that it has already been relied upon and action has already been taken. If not previously revoked, this consent will terminate **(3) YEARS FROM TODAY**.

_____
Applicant's Initials

5. I acknowledge and understand that uses and disclosures of my health information authorized by this document may be subject to redisclosure by the recipient and may not be protected by privacy and confidentially laws.

Applicant's Signature _____ Date _____

Attorney's Signature _____ Date _____

_____
Applicant's Initials

Waiver of Speedy Trial and Excludable Time

1. I understand my speedy trial and excludable time rights in New Jersey and both rights have been explained to me by my attorney.

2. I understand that the legal determination will take approximately 30 days from the Monmouth County Prosecutor's Office's receipt of all documents.

3. I further understand that the clinical determination will take approximately 60 days from the legal determination.

4. I hereby waive my speedy trial time as outlined above pursuant to N.J.S.A. 2A:162-16(b)(1) and excludable time pursuant to N.J.S.A. 2A:162-22 to allow the *Restart* team to conduct a legal and clinical determination to determine if I am eligible for the Restart Diversion Program.

5. Should I be legally and clinically accepted into *Restart*, I will waive speedy trial and excludable time up until the date of my *Restart* plea.

6. Therefore, I hereby waive my speedy trial and excludable time from the date of this application to the date of disposition regarding my entrance into *Restart*.

Applicant's Signature_____ Date _____

Attorney's Signature _____ Date _____

_____
Applicant's Initials