



Superior Courts 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

Telephone | Cell Phone | Date of Birth | Age | Sex  
 Male  Female

Place of Birth

Interpreter Needed?  Yes  No  
If yes, indicate language:

Emergency Contact Name | Telephone | Relationship

**Present Status**  
In custody?  Yes  No  
If yes, where:

**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?  Yes  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?  Yes  No

Did the prosecutor consent to consider your application?  Yes  No  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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Prosecutor Consent Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Prosecutor Consented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Statement Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fee Paid _____		<input type="checkbox"/> Fee Waived _____	