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**TO: Assignment Judges Criminal Presiding Judges** **Supplement to Directive # 03-13**

**FROM: Glenn A. Grant, J.A.D.** 

**SUBJ: Criminal – Uniform Defendant Reporting System – Revisions to the Offense Information Form**

**DATE: September 14, 2017**

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Directive # 03-13 promulgated an array of forms that constitute the Uniform Defendant Reporting System (UDRS). This Supplement to that directive promulgates a revised Offense Information form, which is part of the Uniform Defendant Reporting System (UDRS). Specifically, this form is completed when the Adult Presentence Investigation (PSI) Report and the Pretrial Intervention (PTI) Report are prepared in the Criminal Case Management (CCM) System. This Supplement addresses only the Offense Information form and will be implemented in the CCM system on September 15, 2017. All of the other forms originally promulgated in 2013 by Directive # 03-13 (“Revised Uniform Defendant Reporting System”), as well as the changes to certain forms issued in the April 3, 2017 Supplement, remain in effect, as do the policies and procedures issued in that directive.

The revisions now being promulgated to the appended Offense Information form were recommended by the Supreme Court Committee on Criminal Practice in response to the referral by the Supreme Court on the use of information in the Offense Circumstances section of the PSI by outside entities, such as the Department of Corrections and the State Parole Board. See Supplemental Report of the Supreme Court Committee on Criminal Practice, issued May 15, 2017 at 30-39. The Supreme Court approved the Committee’s recommendations for revisions to the Offense Information form as part of the 2017 rule amendment process. The specific revisions to the form are as follows: (1) the Offense Circumstances section was renamed to “Summary of State’s Allegations” on the Offense Information form of the PSI Report and the PTI Report, and (2) a “Disclaimer for Use in Post-Sentence Proceedings” was added in the “Summary of the State’s Allegations” section in the PSI Report.

Specifically, the “Disclaimer for Use in Post-Sentence Proceedings” now will state:

This summary of the State’s Allegations includes descriptions of charges of which the defendant may not have been found guilty by a jury or may

not have pled guilty to. No inference of guilt or wrongdoing should be drawn from dismissed charges. This section must be read in conjunction with the final charges and the “Defendant’s Version.”

The revised Offense Information form has been included in the following array of forms, which collectively make up the UDRS, and are attached for ease of reference.

1. Uniform Defendant Intake Report (UDIR) (4 pages)
2. Adult Presentence Report
3. Multiple Charges
4. Offense Information (this form has been revised)
5. Case Analysis
6. Victim Information
7. Court History
8. Court History Continued
9. Pretrial Intervention (PTI) Recommendation
10. Additional Information

Any questions regarding this Supplement or the Uniform Defendant Reporting System may be directed to Assistant Director Sue Callaghan via email at [sue.callaghan@njcourts.gov](mailto:sue.callaghan@njcourts.gov) or via phone at 609-815-2900 ext. 55300.

G.A.G.

Attachments (UDRS)

cc:	Chief Justice Stuart Rabner	Trial Court Administrators
	Criminal Division Judges	Criminal Division Managers and Assistants
	Steven D. Bonville, Chief of Staff	Vicinage Chief Probation Officers and Assistants
	AOC Directors and Assistant Directors	Vance Hagins, Chief
	Melaney S. Payne, Special Assistant	Maria Pogue, Assistant Chief
	Ann Marie Fleury, Special Assistant	



# Uniform Defendant Intake - Superior Court of New Jersey

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 Cash/Bond <input type="checkbox"/> 10% Cash <input type="checkbox"/> Full Cash <input type="checkbox"/> Other _____			Bail/Release Status <input type="checkbox"/> ROR <input type="checkbox"/> Pretrial Release <input type="checkbox"/> Bail <input type="checkbox"/> Jail		
Charges				Complaint Numbers		PROMIS Numbers		Indictment/Acc. Number
Codefendants' Names				Complaint Numbers		PROMIS Numbers		Indictment/Acc. Number

## 1. Criminal History

Prior Record  Yes  No      Pending Charges  Yes  No

## 2. Residence

Number of Years in <b>County:</b> <b>NJ:</b> <b>US:</b>		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

LAST NAME	FIRST NAME	MIDDLE NAME
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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	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>TOTAL ASSETS</b>	<b>\$</b>
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	\$
<b>TOTAL MONTHLY PAYMENTS</b>	<b>\$</b>	<b>TOTAL DEBTS</b>	<b>\$</b>

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 Number	FBI 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: <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"/> Pretrial <input type="checkbox"/> Bail <input type="checkbox"/> Jail _____ <b>Release</b>		Bail Amount	Date Bail Posted	Interpreter Needed Language <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<b>Jail Time Credit</b>			<b>Gap Time Credit</b>		
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

<b>Multiple Charges Sheet</b>		
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: <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
Status <input type="checkbox"/> ROR <input type="checkbox"/> Pretrial Release <input type="checkbox"/> Bail <input type="checkbox"/> Jail _____		Sentence Date  Bail Amount      Date Bail Posted
<b>Jail Time Credit</b>		<b>Gap Time Credit</b>
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 Number

Summary of State's Allegations

**Disclaimer for Use in Post-Sentence Proceedings:**  
This summary of the State's Allegations includes descriptions of charges of which the defendant may not have been found guilty by a jury or may not have pled guilty to. No inference of guilt or wrongdoing should be drawn from dismissed charges. This section must be read in conjunction with the final charges and the "Defendant's Version."

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
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## 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



# Victim Information

## 1. Case Information

Defendant's Last Name	Defendant's First Name	Defendant's Middle Name
Indictment / Accusation / Complaint Number	PROMIS / GAVEL Number	SBI Number

## 2. Victim Personal Information

Victim's Last Name	Victim's First Name	Victim's Middle Name			
Address: Street	City	State	Zip Code		
Home / Business Phone	Cell Phone Number	E-mail Address			
Date of Birth	Current Age	Juvenile at Time of Offense <input type="checkbox"/> Yes <input type="checkbox"/> No	Age at Time of Offense	Current Offense Includes DV or Sex Offense <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Defendant (if any)

## 3. Victim Statement

Victim Contacted for Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Victim Contacted	Victim Witness Advocate Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Victim Witness Advocate Contacted
Victim Responded <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Statement / Letter Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, please see Attachments (redaction required). If No, please see Victim Statement section below.</small>		Did the Victim express interest in attending sentencing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Victim Statement (Please redact all victim personal identifiers from the description as this section is not redacted)

## 4. Victim Medical Information

Did the Victim report any medical issues associated with the present offense? If Yes, please complete the section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Reported Medical Issues Associated With the Present Offense (Please redact all victim personal identifiers from the description as this section is not redacted)	

## 5. Restitution

<b>Victim</b> Restitution Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount Requested	<b>Prosecutor</b> Restitution Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount Recommended	Joint & Several Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name(s) of Co-Defendant(s) (Last Name, First Name, Middle Initial)
Restitution Amount Payable to Victim (See Address Above)		Restitution Amount Payable to VCCO		VCCO Claim Number	
Restitution Payee #	Restitution Amount Payable to "OTHER"	Please Specify "OTHER" Payee Type			Payee Name
Payee Address: Street			City	State	Zip Code
Payee Telephone	Reference Number	Comments			

## 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

**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

## Offense Information

Last Name	First Name	Middle Name
Indictment / Accusation / Complaint Number	PROMIS Number	SBI Number

Summary of State's Allegations

Special Factors Relative to Offense

Defendant's Version (Complete only upon application for PTI and after conviction)

Victim Statement(s) Attached <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If No, Check Reason <input type="checkbox"/> <b>No Response</b> <input type="checkbox"/> <b>Not Applicable</b>	Date Request Made
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### Additional Information

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

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