

Administrative Office of the Courts

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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

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. <u>See</u> 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 Criminal – Uniform Defendant Reporting System – Revisions to the Offense Information Form Page 2

> 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 or via phone at 609-815-2900 ext. 55300.

## G.A.G.

Attachments (UDRS)

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

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## Uniform Defendant Intake - Superior Court of New Jersey

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Revised: 09/2017 (	CNI: 40602						R - 1							

Uniform Defendant Intake: Superior Court of NJ								
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Child Support / Alimony       \$       Medical / Dental / Hospital Debts       \$         PAID THROUGH PROBATION DEPT.       YES       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       \$						s	upport Arrearage			\$		
PAID THROUGH PROBATION DEPT.       YES       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       \$								ebts		-		
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\$			s [			A	torney Fees					
Household Utilities\$Credit Card Balances\$Other Household Expenses\$Civil Judgments Owed\$Other Loans & Expenses\$Other Debts and Expenses\$	Vehicle Loans & Insurance		L			+						
Other Household Expenses     \$     Civil Judgments Owed     \$       Other Loans & Expenses     \$     Other Debts and Expenses     \$	Household Utilities					c	redit Card Balances				<del></del>	
Other Loans & Expenses \$ Other Debts and Expenses \$	Other Household Expenses					c	vil Judgments Owed					
TOTAL MONTHLY PAYMENTS \$ TOTAL DEBTS \$	Other Loans & Expenses					0	ther Debts and Expenses			\$		
	TOTAL MONTHLY PAYMENTS	\$				T		тот	AL DEBTS	\$		
I FINANCIAL COMMENTS INCLUDING DEFENDANTS REPORTED ABILITY TO PAY COURT IMPOSED ASSESSMENTS PER MONTH:												
I WISH TO BE REPRESENTED BY PUBLIC DEFENDER PRIVATE COUNSEL		ΓP	UBLIC	DEFEND	ER							
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 Assignment Judge, this page (UDIR-3) may be produced to a grand jury and a prosecutor.												
CERTIFICATION	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 <i>R</i> . 1:4-4(b).	represented by a public defender, I am s	ubmitting	g this Fir	nancial S	Statemen	nt in	support of my application	n to es	tablish ind	igency, a	and I an	n aware
DEFENDANT'S SIGNATURE DATE	DEFENDANT'S SIGNATURE										DATE	
INTERVIEWER'S SIGNATURE TITLE DATE	INTERVIEWER'S SIGNATURE			1	ITLE						DATE	

in a second

Uniform Defendant Intake: Superior Court of NJ								
LAST NAME	FIRST NAME	Ν	MIDDLE NAME					
9. Family History								
PARENTAL								
MARITAL / CHILDREN								
HOME / NEIGHBORHOOD / ENVIRON								
10. Military Service Hist	tory	·····						
BRANCH		SERVICE PERIOD						
COMMENTS								
11. Education								
LAST SCHOOL YEAR COMPLETED (1-20)	GRADUATE YEAR GRADUATED		MAJOR / SPECIAL TRAINING					
LAST SCHOOL ATTENDED	LI		AGE LAST ATTENDED					
COMMENTS								
<b>12. Other Information /</b> COMMENTS	Comments							

	Adult Presentence Report Superior Court of New Jersey, County										
	nain confidential and copie nay be necessary in subse										nade to third
Last Name			First Name		Middle Name						
Also Known As			Sex	F	Date of Birth Age Place of Birth						
Race		Social Sec	curity Number		Driver's License Number Eye Color					e Color	
Address							State	e Zip (	Code	Reside	nce Phone
Indictment / Accusation / Co	omplaint Number		PROMIS Nur	nbe	r	SPN			SBI Number	FB	I Number
Original Charges					Final Charges	5					
Plea Agreement / Special F	actors Trial	🗌 Pl	ea				Sente		uant to <i>N.J.S.A</i> .		—
					11-3		L	_ 11-5 □		12-2	☐ 13-1 □ <b>23</b> -11
					∐ 14-6 □ aa a		L	] 15-2 □ a5 a		17-1	20-11
					29-6		L	_] 35-3 □ of 7		35-4	35-5
					35-6		L	_] 35-7 □ 42 7		35-8	☐ 39-10 ☐ 43-7.2
Offense Date	Arrest Date	Plea / C	onviction Date		43-6			43-7		43-7.1	
Circlice Balo	, where but				Sentence Date			Pending Charges Deta			
Custodial Status Custodial Status ROR Pretrial Release	]Bail [] Jail		Bail Amount	t		Date E	Bail P	osted	Interpreter Nee	1 1	guage
	Jail Time Credit					1		Ga	p Time Cred	it	
From (Date)	To (Date)	Total Jail T	ïme Credit Da	ys	From (Date)			To (Da	te)	Tota	al Gap Time Credit Day
					🗌 Pi	ublic [	Defe	nder	Private	As	ssigned
Sentencing Judge				_	Defense Attorney Phone Number						
Assistant Prosecutor					Address						
Comments					L						
Probation Officer		Date Prep	ared		Team Leade	er / Supe	ervisc	or		Dat	e Approved
Revised: 09/2017, CN: 10693											

Multiple Charges Sheet									
Last Name	n na	First Name				Middle Name		yana da ang kang da ang kang kang kang kang kang kang kang	
Indictment / Accusation / Complaint Numbe	r		PROMI	S Number					
Original Charges	Final Cł	narges							
Plea Agreement / Special Factors Trial Plea				ory Minimum Sen 11-3 14-6 29-6 35-6 43-6	tence Pursu: 11-5 15-2 35-3 35-7 43-7		<sup>2C:</sup> 12-2 17-1 35-4 35-8 43-7.1	<ul> <li>☐ 13-1</li> <li>☐ 20-11</li> <li>☐ 35-5</li> <li>☐ 39-10</li> <li>☐ 43-7.2</li> </ul>	
Offense Date	Arrest Date		Plea / C	onviction Date		Sentend	ce Date		
Status	🗌 Bail 🔄 Ja	il		Bail Amount			Date Bail	Posted	
Jail Time	e Credit			-	Gap	Time Cred	lit		
From (Date) To (Date)	Total Ja	il Time Credit Days	From (E	Date)	To (Date	)	Total	Gap Time Credit Days	
Prosecutor Name and Address (If Different)				Attorney Name and Address (if Different)					
Comments Revised: 09/2017, CN: 10693									

		Offense Informatior	-	
Last Name		First Name		Middle Name
Indictment / Accusation / Complaint Numbe	r	PROMIS Number		SBI Number
Summary of State's Allegations <b>Disclaimer for Use in Post-Sent</b> This summary of the State's Alleg jury or may not have pled guilty to be read in conjunction with the fin	ations includes des	criptions of charges of which juilt or wrongdoing should be	h the defendant n e drawn from disr	nay not have been found gui nissed charges.  This section
Special Factors Relative to Offense				
Defendant's Version (Complete only upon a	maliantian for DTI and a	(for consisting)		
Delendant's version (Complete only upon a	application for P ff and a			
Victim Statement(s) Attached	Check Reason		Date Reques	

N. A.

	Case Analysis	
LAST NAME	FIRST NAME	MIDDLE NAME
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #
ASSESSMENT OF FACTORS CONTRIBUTING TO PRESENT OFFENS	E (N.J.S.A. 2C:44-1)	
ASSESSMENT OF DEFENDANT'S PERSONALITY, PROBLEMS & THI RESOURCES FOR ASSISTANCE	POTENTIAL FOR PROBATION AS A DISPOSITION, NOTING POTEN	TIALLY AVAILABLE COMMUNITY
TEAM LEADER / PROBATION OFFICER	TEAM LEADER / PROBATION OFFICER SIGNATURE	DATE
SUPERVISOR	SUPERVISOR SIGNATURE	DATE

بعمي

Victim Information										
1. Case Informati	ion						distance opposition of the			
Defendant's Last Name				endant's First Nam	ie		Defendant's	Defendant's Middle Name		
Indictment / Accusation / Complaint Number			PR	OMIS / GAVEL Nu	mber		SBI Number	SBI Number		
2. Victim Persona	al Informat	ion		and and and and a second s					a de la companya de la	
Victim's Last Name			Vict	tim's First Name			Victim's Midd	le Name		
Address: Street					City			State	Zip Code	
Home / Business Phone	Cell Pho	ne Number	E-mail Add	dress			- '''			
Date of Birth Cu	urrent Age Ju	venile at Time of Offen	se Age a	t Time of Offense	Current Offer	nse Includes DV	or Sex Offense	Relationshi	p to Defendant (if any)	
3. Victim Stateme	ent									
Victim Contacted for State	ement	Date Victim Contacte	d	Victim Witness /	Advocate Cont	acted	Date Victim Witr	ess Advocat	e Contacted	

Did the Victim express interest in attending sentencing?

□Yes □No	🗌 Yes	🗌 No	If Yes, please see Attachments (redaction required). If No, please see Victim Statement section below.	□Yes	🗌 No	🗌 Unknown		
/ictim Statement (Please redact all victim personal identifiers from the description as this section is not redacted)								

Victim Statement / Letter Attached

4.	Victim	Medical	Information

Victim Responded

Did the Victim report any medical issues associated with the present offense? If Yes, please complete the section below.					offense?	es	No				
Description of	Reported	d Medical Issues Assoc	ciated With the F	Present	Offense (Please redact	all victim p	ersonal ider	tifiers from the des	scriptior	n as this see	ction is not redacted
5. Restit	ution										
Victim Restitution Requested?		lf Yes, Amount Requested	Prosecuto Restitution Recommended		If Yes, Amount Recommended	Joint & Ser Recommer	nded?	If Yes, Name(s) c (Last Name, First Na			
Restitution An	nount Pay	yable to Victim (See Add	lress Above)	Restitu	tion Amount Payable to	VCCO	VCCO Cla	im Number			
Restitution Restitution Amount Payable to "OTHER" Please Speceration Payee #			Specify "OTHER" Payee Type			Payee Name					
Payee Address: Street					City				State	Zip Code	
Payee Telephone Reference Number			Comn	nents						••••••••••••••••••••••••••••••••••••••	

			Court Hi	story	
AST NAME			FIRST NAME		MIDDLE NAME
SBI #	FBI #	PENDING CHARGE			
DISCUSSION OF P	RIOR COURT HISTORY AND	PENDING CHARGES			
			COURT HI	STORY	
DATE	PLACE	OFFENSE	COOKTIN	a san tan sa tan sa sa tan sa tan tan sa ta	SPOSITION

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Court History Continued							
LAST NAME			FIRST NAME		MIDDLE NAME		780054566110114074645cq108
	ang balan kanang kanang panang kalan kanang kana	n a transforma e tra	COURT HIST	ORY			
DATE	PLACE	OFFENSE		COURT	DISPOSITION		ann an

PTI Recommendation Superior Court of New Jersey, County							
LAST NAME	FIRST NAME		MIDDLE NAME	anna a seanna a bhlianna ann ann ann ann ann ann ann ann an			
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	2	SBI#				
DEFENDANT RECOMMENDED FOR ENROLLMENT		NO					
RECOMMENDATIONS AND COMMENTS							
CODEFENDANT STATUS							
INSTRUCTIONS: Attach Postponement Order and Participation Agreement if recommended.							
PROBATION OFFICER	PROBATION OFFICER S	IGNATURE		DATE			
SUPERVISOR	SUPERVISOR SIGNATU	RE		DATE APPROVED			

Offense Information							
Last Name	First Name	Middle Name					
Indictment / Accusation / Complaint Number	PROMIS Number	SBI Number					
Summary of State's Allegations	I	I					
Special Factors Relative to Offense							
	ter conviction)						
Defendant's Version (Complete only upon application for PTI and af							
Victim Statement(s) Attached If No, Check Reason		e Request Made					
Yes         No         No Response           Revised: 09/2017, CN: 10693	Not Applicable						

``.

Additional Information						
LAST NAME	FIRST NAME	MIDDLE NAME				
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBi #				
	I					

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