



New Jersey Judiciary
Home Detention Screening Criteria
(for Home Detention as a Condition of Pretrial Release)

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|-----------------------|------------------------------------|-------------------|
| Defendant Name | Complaint/Indictment Number | SBI Number |
|-----------------------|------------------------------------|-------------------|

Part 1 – Must be completed by the Defendant/Defense Attorney

Residence Parameters:

1. Does the defendant have a stable residence/address where he/she will remain for the duration of the case? Yes No

Address: _____

Phone: _____

2. Does the defendant reside in a shelter, temporary, or transitional housing? Yes No

3. Is the defendant a homeowner, renter, or lessee of the listed residence? Yes No
If No, provide the name and phone number of the owner/renter/lessee.

Address: _____

Phone: _____

- 3a. If the defendant is not the homeowner, renter, or lessee of the listed residence, did the homeowner, renter, or lessee give the defendant permission to live at the residence? Yes No

4. Does the defendant understand that home detention is defined as staying in the home at all times, with limited exceptions detailed in the Release Order, and that requests for any temporary adjustment must be made by formal application to the Court? Yes No

5. To the best of your knowledge, is any other person living at the proposed residence currently on probation, parole, or charged with a pending offense in New Jersey or any other state or jurisdiction? Yes No

If Yes, explain:

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6. Any other relevant information regarding defendant's residence: Yes No

Compliance Verification:

1. Does defendant have the ability to verify they are located at their residence upon request? This may be done using a device capable of video calling, or sending a picture through email or text message. Yes No

2. Is the defendant willing to comply with requests to verify their location, including random remote video/telephone checks? Yes No

Employment Information (only to be used for HDLE):

1. Is the defendant currently employed? Yes No

If Yes, provide employer information.

Please list additional employment on a separate sheet.

Business Name: _____

Business Address: _____

Business Phone: _____

Current Work Schedule: _____

2. Does the defendant rely on public transportation to travel to work? Yes No

3. Does the defendant rely on others to commute to and from work, so that a curfew may not be met? Yes No

4. Does the defendant's work location change frequently? Yes No

5. Does the defendant have stable work hours? Yes No

6. If No, does the defendant know of changes to his/her work schedule ahead of time, so he/she may notify Pretrial Staff at least 5 business days prior to the change and during regular business hours (M-F from 8am to 5pm)? Yes No

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7. Does the defendant understand that while on home detention, they will be unable to make last minute switches to their work schedule, accept last minute overtime shifts, or be let out for ancillary tasks not directly related to their work schedule? (e.g. picking up a paycheck on a day off) Yes No

8. Any other relevant information regarding employment: Yes No

Medical Information:

(Please do not provide specific medical information. Information must be limited to frequency/date of appointment only. The nature and type of appointment should not be included.)

1. Will the defendant need to leave the residence for regularly scheduled medical appointments/treatment? Yes No
If Yes, what is the current schedule?

2. Will the defendant need to leave the residence for frequent medical appointments? Yes No
If Yes, what is the frequency?

3. Does the defendant have a medical condition that may require frequent visits to the hospital emergency room? Yes No

4. Does the defendant understand requests to leave the home to attend any medical appointments, not specified in the release order, must be made by formal application to the Court at least 5 business days prior to change, and may require documentation of proof of attendance? Yes No

Attorney Visits:

1. Does the defendant currently have any scheduled appointments to meet with his/her attorney? Yes No

If Yes, please specify: _____

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2. Does the defendant understand requests to leave the home to meet with his/her attorney, not specified in the release order, must be made to Pretrial Services Staff and approved at least 48 hours prior to the scheduled appointment? Additionally, does the defendant and counsel understand that defense counsel must verify the appointment with Pretrial Services? Yes No

If Yes, defense counsel, please provide your contact information so that Pretrial Services can verify attorney visits prior to approval.

Other requests to allow defendant to leave the home:

1. Purpose of leave: _____
Frequency: _____
Length: _____
Comment: _____

2. Purpose of leave: _____
Frequency: _____
Length: _____
Comment: _____

3. Purpose of leave: _____
Frequency: _____
Length: _____
Comment: _____

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4. Purpose of leave: _____
Frequency: _____
Length: _____
Comment: _____

| | | |
|--------------------------------|-------------------------------------|-------------|
| Defense Attorney's Name | Defense Attorney's Signature | Date |
| | s/ | |

I, (defendant) do hereby certify that by residing at the above address, I will not be in violation of any court ordered Temporary or Final Restraining Order, any Division of Child Protection and Permanency orders/agreements, a court order barring me from contact with any person or persons, or any other court order.

| | | |
|-------------------------|------------------------------|-------------|
| Defendant's Name | Defendant's Signature | Date |
| | s/ | |