

of Records, 214 N.J. 147 (2013), regarding the disclosure of the defendant's financial information listed on page 3 of the UDIR in certain limited circumstances.

The Victim Information form and the other modified forms are part of the revised UDRS, which consists of the following array of rearranged forms that are attached for ease of reference:

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

The Victim Information form is divided into five separate sections: (1) the Case Information section, (2) the Victim Personal Information section, which lists the personal information of the victim, including whether the victim was a juvenile at the time of the offense and/or a victim of sexual offense or domestic violence, (3) the Victim Statement section, which provides details regarding the contact of the probation officer with the victim and whether the victim responded, (4) the Victim Medical Information section, which lists any known medical issues of the victim resulting from the present offense, and (5) the Restitution section, which provides details regarding the requested restitution and the payee information. It should be noted that the Offense Information form continues to include a reference to the availability of the victim's statement as the same section is also part of the PTI form. Since the Victim Information form captures all the relevant victim information, the duplicate section on the Offense Information form is now optional when a PSI is prepared. The section should be completed for PTI reports, if applicable.

When a PSI Report is completed and approved in the CCM System, the probation officer has the option to print either a redacted or a nonredacted version. The redacted version of the PSI Report displays a "Redacted" watermark on the Victim Information form page(s) and the redacted fields are denoted with four asterisks. The redacted fields are as follows: address (street, city and state), zip code, telephone number, cell phone number, e-mail address and payee reference # listed in the Restitution section. In addition, when the victim is a juvenile at the time of the offense and/or a victim of sexual offense or domestic violence, the redacted version displays only the first initial of the victim's first and last name. The redacted version is to be provided to the defense counsel and the defendant. The nonredacted version is for the use by the Probation Division and external agencies, e.g., the Department of Corrections, that require access to the victim information in order to notify the victim(s) and allocate restitution payments. The subsection in the Victim Statement section

where the victim's statement can be entered if provided as well as the subsection in the Victim's Medical Information section where medical information can be entered if available, and any related documents attached to the PSI Report, are not automatically redacted when a redacted version is printed. Therefore, the probation officer must ensure that all confidential personal identifiers are redacted from these sections or attachments prior to a copy of the PSI Report being provided to the defense counsel and the defendant. See R. 1:38-7.

Any questions regarding this Supplement or the Uniform Defendant Reporting System, including the UDIR form, may be directed to Assistant Director Sue Callaghan via email at sue.callaghan@njcourts.gov or via phone at 609-292-4638.

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 Assistant Chief Probation Officers
Vance Hagins, Chief, Criminal Practice Division
Maria Pogue, Assistant Chief, Criminal Practice Division



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 County: NJ: US:		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

3. Defendant's Health Status

REPORTED PHYSICAL HEALTH

GOOD POOR

REPORTED MENTAL HEALTH

GOOD POOR

DRUG / ALCOHOL USE

PRESENT PAST NONE

USE AT TIME OF OFFENSE

YES NO

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?

YES NO

DATE ORDERED

COPY RECEIVED

YES NO

PSYCHOLOGICAL EVALUATION ORDERED?

YES NO

DATE ORDERED

COPY RECEIVED

YES NO

REFERRED FOR SUBSTANCE ABUSE EVALUATION?

YES NO

TASC

YES NO

OTHER AGENCY

HEALTH INSURANCE

YES NO

INSURED'S NAME

POLICY NUMBER

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	\$
TOTAL MONTHLY INCOME		TOTAL ASSETS	
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	\$
TOTAL MONTHLY PAYMENTS		TOTAL DEBTS	

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

SERVICE PERIOD

HONORABLE GENERAL OTHER

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

Multiple Charges Sheet

Multiple Charges Sheet		
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
Jail Time Credit		Gap Time Credit
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 #
OFFENSE CIRCUMSTANCES		
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

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
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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

Victim Restitution Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount Requested	Prosecutor 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 Continued

LAST NAME

FIRST NAME

MIDDLE NAME

COURT HISTORY

DATE

PLACE

OFFENSE

COURT

DISPOSITION

Additional Information

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