

**Supplement to Directive # 03-13** 



## GLENN A. GRANT, J.A.D. Acting Administrative Director of the Courts

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TO:

**Assignment Judges** 

**Criminal Presiding Judges** 

FROM:

Glenn A. Grant, J.A.D.

SUBJ:

Criminal – Revised Uniform Defendant Reporting System – Revisions

to Include New Victim Information Form and Update Bail and Release

**Status Sections** 

DATE:

April 3, 2017

This Supplement to Directive #03-13 promulgates a new Victim Information form as part of the Uniform Defendant Reporting System (UDRS), effective April 7, 2017. The form is to be utilized by probation officers in the Criminal Division to capture victim and restitution related information in one section of the Adult Presentence Investigation (PSI) Report, which is prepared and stored in a web-based application called the Criminal Case Management (CCM) System. The Victim Information form was reviewed by the Conference of Criminal Presiding Judges and the Conference of Criminal Division Managers.

This Supplement also formally promulgates several other revisions, which were previously implemented in the CCM System as of December 23, 2016. These modifications include a revised page 1 of the Uniform Defendant Intake Report (UDIR) where the options "Full Surety" and "ROR" were removed from the Initial Bail Type section and the options "Full Cash/Bond" and "Full Cash" were added instead. The option "Pretrial Release" was added to the Bail Status section, which was renamed Bail/Release Status. In addition, the Adult Presentence Report form and Multiple Charges form have also been modified to include the option "Pretrial Release" in the Status section, which was previously named Custodial Status.

Directive #03-13, originally issued on May 29, 2013, promulgated a revised array of forms that create the UDRS. This Supplement addresses only (a) the addition of the new Victim Information form, and (b) revisions to the Adult Presentence Report form, the Multiple Charges form, and page 1 of the UDIR form. All of the other UDRS forms promulgated by Directive #03-13 remain in effect, as do the policies and procedures set forth in that directive, specifically, the modifications to page 3 of the UDIR as well as the guidelines issued by the Supreme Court in In re Subpoena Duces Tecum on Custodian

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of Records, 214 N.J. 147 (2013), regarding the disclosure of the defendant's financial information listed of 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

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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 <a href="mailto:sue.callaghan@njcourts.gov">sue.callaghan@njcourts.gov</a> 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 Na	me				Middle	Middle Name			
Also Known As				SPN			SBI#	SBI#			Number		
Date of Birth	Age	Place of Birth	¥		Social Security Number Sex					Race			
Height Weight		Eye Color H	lair Color			Disti	nguishing Marks			l	- 1		
Alien Status		Citizenship US Oth		itizenship	(Nation	ality)		Inte	erpreter Ne	eeded No	Language		
Attorney's Name		,	,			Co	mplaint Date	,	Arres	t Date			
Police Agency	,	j .		¥	County	у		Court of Fili	ng				
Commitment No.	Initia	l Bail Amount		Type I Cash/I I Cash	Bond		] 10% Cash ] Other	E	Bail/Releas	₹ _	Pretrial Release		
Charges		*			Compla	int Nu		PROMIS	S Numbers		Indictment/Acc.Number		
Codefendants' Names						int Nu	mhers	PROMIS	S Numbers		Indictment/Acc.Number		
									o manipore	)	, and the state of		
1. Criminal His	tory												
Prior Record	Yes	No			Р	endi	ng Charges	Yes	☐ No				
2. Residence													
Number of Years in County:	NJ:	US:	Reside	nce Status  Rent	s	Ow	n Other	r	How l	ong at Ci	urrent Address		
Address											Zip Code		
Name of Cohabitant			Re	elationship	to Defe	endant		Residence	ce Phone		Emergency Phone		
Prior Address	9										Zip Code		
Name of Cohabitant			Re	elationship	to Defe	endant		How Lon	g at This A	ddress	-		
Marital Status Single Civil Unio			rated [ estic Partı	_ Divoi			Widowed	lumber of De	ependents		Pay Support  Yes No		
Does the Defendant had primary care of childre dependents?		r Yes	No 🗌 N/	Λ made	s, has the alterna ngement	ate car		□ No	1	nate care on been o al made?			
Defendant Supplemen	tal Conta	act			R	Relation	nship to Defendant		Telep	hone Nur	mber		
Contact Person's Addr	ess										Zip Code		
Comments								-					

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	Uniform	Defendant I	ntake: S	uperior Cour	t of NJ	
LAST NAME		FIRST	NAME		MIDDLE NAME	ű.
3. Defendant's Health S	tatus					
REPORTED PHYSICAL HEALTH GOOD POOR	REPORTED MENTA	L HEALTH POOR	DRUG / ALCOHO			ME OF OFFENSE YES NO
4. Physical Appearance	/ Additional Con	nments				
PHYSICAL APPEARANCE DESCRIPTION	ON		-			
^x						
MEDICATION / FREQUENCY						
		X				
5. Substance Abuse His	story					
SUBSTANCE USED	FREQUENCY			METHOD OF INGESTION	N INITIAL USE	LAST USE
	*			1		
			7			
					9	
6. Medical / Mental Heal	Ith / Substance A		t History & I			
TREATMENT FACILITIES		LOCATIONS		*	DATES OF TREATMENT	
*						
1						
DIAGNOSIS / COMMENTS				-		
ADULT DIAGNOSTIC TREATMENT		DATE O	RDERED		COPY RECEIVED	
CENTER EVALUATION ORDERED?	YES NO				YES	□NO
PSYCHOLOGICAL EVALUATION ORDERED?	YES NO		RDERED		COPY RECEIVED YES	□NO
REFERRED FOR SUBSTANCE ABUSE EVALUATION?	YES NO	TASC YES	□ NO	OTHER AGENCY		
HEALTH INSURANCE YES NO	INSURED'S NAME	-		POLICY NUMBE	R	
INSURANCE CARRIER NAME AND ADDRESS	Å.				-	,
COMMENTS		,			2	

Unit	form	Defe	ndant	Inta	ake:	Superior Court	t of I	UJ			
LAST NAME			FIR	ST NAM	1E		N	MIDDLE NAM	1E		
7. Employment											
CURRENT EMPLOYER'S NAME AND ADDRESS											
OCCUPATION		,		YE	ARS/N	MOS.	PHONE				
SKILLS		SALARY				IF UNEMPLOYED, HOW LONG	6	HOW SUP	PORTED		
PREVIOUS EMPLOYER'S NAME AND ADDRESS									FROM		ТО
EMPLOYMENT VERIFICATION AND WORK HISTORY	,	2									1
8. Financial Status											
Net Monthly Income	\$				Н	ouse(s) / Land Market Valu	e		\$		
Spousal / Cohabitant Contribution	\$		7			alue of All Motor Vehicles			\$		
Unemployment / Disability	\$				С	ash			\$		
Social Security	\$				С	urrent Balance Checking A	ccts.		\$		
Veterans Administration	\$					urrent Balance Savings Ac	20.0		\$		
Pension	\$				_	ivil Judgment Awards / Per			\$		
Public Assistance / Subsidies	\$					urrent Value of Stocks / Bo			\$		
Child Support / Alimony	\$				F	ace Value of CDs / IRAs / 40	01Ks		\$		
Food Stamps	\$				N	loney Market Accounts			\$		
Housing Subsidies	\$				R	etrievable Bail Amt. & Loca	ation		\$		
Trust Fund Income	\$		×	1	+						
Institutional Wages	\$				c	Other Assets			\$		
Income From Rental Properties	\$					Other Assets			\$		
TOTAL MONTHLY INCOME						*	TOTA	L ASSETS	\$		
Rent	\$				- I	lortgage Loan Balances			\$		
					_		-	_	\$		
Mortgage	\$				_	ehicle Loan Balances					
Property Taxes	\$					upport Arrearage	-1-4-		\$ \$		
Child Support / Alimony					_	ledical / Dental / Hospital D	ebts				
PAID THROUGH PROBATION DEPT.		YES	∐ NO		_	ttorney Fees		_	\$		
Vehicle Loans & Insurance	\$				_	ines Owed to Other Courts			\$		
Household Utilities	\$					Fredit Card Balances			\$		
Other Household Expenses	\$					Civil Judgments Owed			\$		
Other Loans & Expenses	\$				1	Other Debts and Expenses		41 DEDT0	\$		
TOTAL MONTHLY PAYMENTS  FINANCIAL COMMENTS INCLUDING DEFENDANTS		TED ABILITY	Y TO PAY C	OLIRT IN	APOSE!	D ASSESSMENTS PER MONTH:		AL DEBTS	\$		7
THE WORK COMMITTEE THOUSENED SET ENDINGS	TALL ON	1257151211	. 10 1/11 0		002						
I WISH TO BE REPRESENTED BY		PUBLIC	DEFENI	DER		PRIVATE COUNSEL					
WARNING REGARDING CONFIDENTIA At the direction of the Assignment Judge Assignment Judge, this page (UDIR-3) n	acting						and jur	y subpoe	na with t	he appr	oval of the
CERTIFICATION		7									
I certify that the foregoing statements managements by a public defender, I am state that if any statements made by me in the	submit	ing this F	inancial S	Statem	nent ir	support of my application	n to es	tablish inc	digency,	and I an	n aware
DEFENDANT'S SIGNATURE					,	, s emjest to parilon		- p. 01.00	, , , ,	DATE	
INTERVIEWEDIO CONTENTO				TIT! =						D.**=	
INTERVIEWER'S SIGNATURE				TITLE						DATE	

Uniform Defendant Intake: Superior Court of NJ											
LAST NAME		FIRST NAME		MIDDLE NAME							
9. Family History											
PARENTAL											
<u> </u>											
× **	,				-						
MARITAL / CHILDREN		*									
1											
	*										
HOME / NEIGHBORHOOD / ENVIRON	MENT										
10. Military Service Hist	orv										
BRANCH	DISCHARGE GEN	NERAL OTHER	SERVICE PERIOD								
COMMENTS	1	<u>_</u>		· · · · · · · · · · · · · · · · · · ·							
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 ATTEND	DED						
COMMENTS				L							
×											
12. Other Information /	Comments										
COMMENTS											
8.											
			,								

	Superio	Adult Pi r Court of New	resentence Jersey, _	Repor	t	Co	unty	,	
This report shall ren persons except as r	nain confidential and copie nay be necessary in subse	s thereof shall not be n quent court proceeding	nade nor the disc is involving the s	closure of the	e conte	ents of such or disposition	report b n made	e mad	e to third
Last Name		First Name				Middle Nam	ie		
Also Known As		Sex	Date of Birth		Age	Place of Birth	1		4
Race	Social Security Number	Driver's l	icense Number					Eye Co	olor
Address				State	Zip Cod	Э	Resid	ence Ph	none
Indictment / Accusation / Co	omplaint Number	PROMIS Numb	er SF	PN		SBI Numbe	r	FBI Nu	ımber
Original Charges			Final Charges						
			*						
Plea Agreement / Special F	actors Trial	Plea	Mandatory Min	imum Senter	ice Pure	uant to N I S	4 2C:		-
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			□ 14-6		15-2		17-1		<b>20-11</b>
	*		□ 29-6		35-3		35-4		35-5
			□ 35-6		35-7	, ,	35-8		39-10
	*		□ 43-6		43-7		43-7.	1	<b>43-7.2</b>
Offense Date	Arrest Date	Plea / Conviction Date	Sentence D	Date		Pending	Char	ges [	Detainers
Status  ROR Pretrial Release	☐ Bail ☐Jail	Bail Amount		Date Bail Post	ed	Interpreter N		Langua	ge
	Jail Time Credit	N			Ga	Time Cre	-		
From (Date)	To (Date)	Total Jail Time Credit Da	rs From (Date)		To (Da	te)		Total Ga	ap Time Credit D
			☐ Pu	blic Defer	der	☐ Private		Assi	gned
Sentencing Judge			Defense Atto	orney			F	Phone N	lumber

Date Prepared

Team Leader / Supervisor

Date Approved

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**Probation Officer** 

Comments

	Mu	ultiple Cha	arges Sheet		~ ×
Last Name		First Name		Middle Nam	е
Indictment / Accusation / Complaint Number	er 		PROMIS Number	v.	
Original Charges		*	Final Charges		
		,			
		2			
	· V		* 1	1	
Plea Agreement / Special Factors	☐ Trial ☐ Pl	ea	Mandatory Minimum Sentence	te Pursuant to <i>N.J.S.A</i>	A. 2C: 12-2
				15-2	17-1
				35-3	
		*	_ , _	43-7	
Offense Date	Arrest Date		Plea / Conviction Date	Senter	ice Date
Status ROR Pretrial Release	Bail Jail_		Bail Amount		Date Bail Posted
Jail Tim	e Credit			Gap Time Cre	dit
From (Date) To (Date)	Total Jail T	ime Credit Days	From (Date)	To (Date)	Total Gap Time Credit Days
,	,				
	*		,		
Prosecutor Name and Address (If Differen	t)		Attorney Name and Address	(if Different)	
Comments					*
, ,					
	*				
*					

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	Offense Information	6
LAST NAME	FIRST NAME	MIDDLE NAME
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI#
OFFENSE CIRCUMSTANCES		y i
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SPECIAL FACTORS RELATIVE TO OFFENSE		
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DEFENDANT'S VERSION (COMPLETE ONLY UPON APPLICATION FOR	R PTI AND AFTER CONVICTION)	
* - *		*
		,
VICTIM STATEMENT(S) ATTACHED IF NO, CHECK REASON	DATE REQUE	ST MADE
☐ YES ☐ NO ☐ NO RESPONSE		

	Case Analysis		
LAST NAME	FIRST NAME	MIDDLE NAME	
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBi#	
ASSESSMENT OF FACTORS CONTRIBUTING TO PRESENT OFFENSI	E (N.J.S.A. 2C:44-1)		
ASSESSMENT OF DEFENDANT'S PERSONALITY, PROBLEMS & THE	F POTENTIAL FOR PROBATION AS A DISPOSITION	NOTING POTENTIALLY AVAILABLE	E COMMUNITY
RESOURCES FOR ASSISTANCE		×	
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		¥	
TEAM LEADER / PROBATION OFFICER	TEAM LEADER / PROBATION OFFICER SIGNATUR	RE	DATE
SUPERVISOR	SUPERVISOR SIGNATURE		DATE

|--|

## **Victim Information**

- Autor		1					le	
1. Case Information	1		14512	ON EN		3.00		
Defendant's Last Name		Defendant's First Nam	ne		Defendan	t's Middle Name		
Indictment / Accusation / Complaint Number	~	PROMIS / GAVEL Nu	mber		SBI Numb	er		
2. Victim Personal Information								
Victim's Last Name	,	Victim's First Name		,	Victim's Mi	iddle Name		
Address: Street			City		2	State	Zip Code	
Home / Business Phone Cell Phone Nu	ımber E-ma	ail Address	9			'		
Date of Birth Current Age Juvenile		Age at Time of Offense	e at Time of Offense Current Offense Includes DV or Sex Offense Relationship to Defendant No					
3. Victim Statement				daling and				
Victim Contacted for Statement  Yes No	Victim Contacted	Victim Witness	Advocate Co	entacted	Date Victim W	/itness Advocate	e Contacted	
Victim Responded Victim Statement /				Total Control of the	e Victim expres	ss interest in atte	ending sentencing?	
Yes No Yes	If No, please	see Attachments (reda see Victim Statement se	ection below.	.   _	Yes N	lo 🗌 Un	known	
Victim Statement (Please redact all victim pers	sonal identifiers from t	ne description as this se	ection is not i	redacted)				
1.0								
* 1								
4. Victim Medical Information								
Did the Victim report any medical issues associately fee, please complete the section below.	ciated with the presen	t offense?	es	□No				
Description of Reported Medical Issues Associ	ciated With the Presen	nt Offense (Please redac	t all victim pe	ersonal identifiers	from the descr	iption as this se	ction is not redacted)	
*								
q						> (4)		
5. Restitution								
Victim	Prosecutor							
Restitution If Yes, Amount Requested?	Restitution Recommended?	If Yes, Amount Recommended	Joint & Se	nded? (Last	es, Name(s) of ( Name, First Nam	Co-Defendant(s) e, Middle Initial)		
☐ Yes ☐ No	Yes No		∐ Yes					
Restitution Amount Payable to Victim (See Add	dress Above) Restit	tution Amount Payable to	VCCO	VCCO Claim No	umber			
Restitution Payee # Restitution Amount Payable to	"OTHER" Please Sp	pecify "OTHER" Payee 1	уре		P	ayee Name		
Payee Address: Street			City			State	Zip Code	
Payee Telephone Reference Number	er Com	nments			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		×	

Court History											
LAST NAME	*	FIRST NAME		MIDDLE NAME							
SBI# FBI#		RGES S NO	ACTIVE BENCH WARRANTS  YES NO	A SHARA SHAR							
DISCUSSION OF PRIOR COURT HIS	TORY AND PENDING CHARGES										
				9							
*											
		COURT HIS	STORY	7							
DATE PLACE	OFFENSE		COURT	DISPOSITION							
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ı				Co	ourt Histo	ory Con	tinued	Ι			
LAST NAME					FIRST NAME				MIDDLE N	AME	
					COLIB	T HISTOR	V				
DATE	PLACE		OFFENSE	HAVA	COUR		COURT		DISPOSITION		
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7.											

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Superior Court	PTI Recommendation of New Jersey,	County
LAST NAME	FIRST NAME	MIDDLE NAME
NDICTMENT / 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 SIGNATURE

SUPERVISOR SIGNATURE

DATE

DATE APPROVED

PROBATION OFFICER

SUPERVISOR

Additional Information				
LAST NAME	FIRST NAME	MIDDLE NAME		
NDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI#		
*				
		*		
	*			