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TO: **Assignment Judges**
Criminal Presiding Judges

Directive #09-19
[supersedes Directive #14-05 and All Supplements to that Directive]

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

SUBJ: **Criminal – Updated Pretrial Intervention (PTI) Forms**

DATE: **June 4, 2019**

This Directive supersedes Directive #14-05 "Standardized Pretrial Intervention Program (PTI) Forms" (issued October 4, 2005), and the two Supplements to that Directive. Directive #14-05 and the January 2, 2007 Supplement promulgated a number of standard forms for processing PTI cases through the Criminal and Probation Divisions. The October 19, 2018 Supplement issued an updated PTI Application. This Directive promulgates updates to all of those prior forms necessitated by the adoption of the new PTI rules (R. 3:28-1 through 3:28-10), effective July 1, 2018, and revised effective September 1, 2018. The appended forms replace all prior versions and should be used beginning June 14, 2019.

The modifications to the forms are as follows: (1) the PTI Application was updated to remove the place of birth question; and (2) six PTI forms were updated to reference conditions of release where appropriate, include terminology contained in the rules, and stylistic changes were made for consistency. Specifically, in addition to the revised Application, the six revised forms appended to this Directive are as follows: (1) PTI Order of Postponement, (2) PTI Standard Conditions of PTI Supervision, (3) PTI Special Conditions of PTI Supervision, (4) PTI Order of Termination, (5) PTI Order of Dismissal, and (6) PTI Order of Dismissal, Order to Discharge Bail, and Order of Entry of Civil Judgment by Confession.

Additionally, the corresponding changes to the three forms prepared and stored in the web-based application called the Criminal Case Management (CCM) System will be implemented on June 14, 2019. Specifically, the three forms in the CCM System are as follows: (1) the PTI Order of Postponement, (2) the PTI Standard Conditions of PTI Supervision, and (3) the PTI Special Conditions of PTI Supervision. The "Additional Conditions or Comments" field on the PTI Special Conditions form has also been expanded to permit more information to be included, if appropriate.

Any questions regarding Directive #09-19 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 (PTI Application and PTI forms)

cc: Chief Justice Stuart Rabner
Attorney General Gurbir S. Grewal
Public Defender Joseph E. Krakora
Criminal Division Judges
Family Division Judges
Municipal Presiding Judges
Veronica Allende, Director, DCJ
Steven D. Bonville, Chief of Staff
AOC Directors and Assistant Directors
Clerks of Courts
Trial Court Administrators
Special Assistants
Criminal Division Managers and Assistants
Family Division Managers
Municipal Division Managers
Vicinage Chief Probation Officers
Vance Hagins, Chief, Criminal Practice
Maria Pogue, Assistant Chief, Criminal Practice

ATTACHMENT 1

PTI APPLICATION

Superior Court of New Jersey
Criminal Division
Pretrial Intervention Program Application

Name

Last Name | First Name | Middle Initial

Other Names Used

Residence

Street | Apt # | Town | State | Zip

Telephone	Cell Phone	Date of Birth	Age	Sex ☐ Male ☐ Female

Interpreter Needed? ☐ Yes ☐ No

If yes, indicate language:

Emergency Contact Name | Telephone | Relationship

Present Status

In custody? ☐ Yes ☐ No

If yes, where:

I. Prior Diversion Ineligibility

Have you ever been enrolled in a program of pretrial intervention, been placed into supervisory treatment under the conditional discharge statute (N.J.S.A. 24:21-27 or 2C:36A-1), or the conditional dismissal program (N.J.S.A. 2C:43-13.1 *et seq.*), or been granted a dismissal due to successful participation in the Veterans Diversion Program (N.J.S.A. 2C:43-23 *et seq.*), or enrolled in a diversionary program under the laws of any other state or the United States for a felony or indictable offense? ☐ Yes ☐ No

If yes, specify what program:

☐ Pretrial Intervention ☐ Conditional Discharge ☐ Conditional Dismissal ☐ Veterans Diversion Program

☐ Other Please provide the name of the program _____

The State or Federal court where it was ordered _____

The indictable offense or felony you were charged with _____

If the answer to this question is Yes, you are ineligible to apply to this program.

II. Current Charges

Complaint/Accusation/Indictment No. | Promis/Gavel No.

Name of co-defendant(s), if any

Charge(s)

Are you charged with a crime(s) that has a presumption of incarceration or a mandatory minimum period of parole ineligibility? ☐ Yes ☐ No

If yes, <u>you must include a separate page</u> with this application that includes compelling reasons that justify consideration of this application.

Did you attach a separate page to this application? ☐ Yes ☐ No

Did the prosecutor consent to consider your application? ☐ Yes ☐ No ☐ Unknown

III. Prior Criminal Record

Do you have a prior indictable/felony conviction in this State, another State, or the United States? ☐ Yes ☐ No

If yes, where:

If yes, <u>you must include a separate page</u> with this application that includes compelling reasons that justify consideration of this application.

Did you attach a separate page to this application? ☐ Yes ☐ No

Did the prosecutor consent to consider your application? ☐ Yes ☐ No ☐ Unknown

IV. Charges with a Presumption Against Admission (N.J.S.A. 2C:43-12(b)(2))

1. You are a Public Officer or Employee and the charge(s) involved or touched your office or employment.
2. The charge(s) involve Domestic Violence, and (a) was committed when a temporary or final restraining order was in effect, or (b) the charge(s) involves violence or the threat of violence.

If either of the above apply, <u>you must include a separate page</u> with this application that includes compelling reasons that justify consideration of this application.

Did you attach a separate page to this application? ☐ Yes ☐ No

V. Representation

Do you have an attorney? ☐ Yes ☐ No

If yes: ☐ Private Attorney ☐ Public Defender ☐ Assigned

Attorney's Name	Attorney's Address	Telephone

Defense Attorney Signature _____ Date _____

VI. Application Fee

There is a non-refundable $75 application fee that must be submitted with this application unless the fee is waived by reason of verified inability to pay. Payments will be accepted in the form of cash, check or cashier's check. **"Starter" or temporary checks will be NOT be accepted**. Checks should be made out to *Treasurer, State of New Jersey*.

Payment should be made to the Finance Division at the county courthouse where the charges have been filed. The receipt must be submitted when the application is filed with the Criminal Division.

VII. Acknowledgment of Defendant

I acknowledge that I have read the Pretrial Intervention (PTI) Program Summary and understand the requirements of this program, and would like to be considered for enrollment to the PTI program.

I understand that if the prosecutor's consent to consider my application is required, my application will not be considered by the Criminal Division until: (1) a statement of compelling reasons is received by the Criminal Division; and (2) the prosecutor's consent is received in writing.

I understand that if compelling reasons are required to overcome a presumption against admission, failure to provide compelling reasons to the Criminal Division may result in rejection of my application.

I understand that if I want to challenge the prosecutor's decision not to consider my application, or a recommendation against enrollment by either the prosecutor or the criminal division manager or designee, that I must file a motion within 10 days of receipt of the rejection to the Presiding Judge of the Criminal Division, or judge to whom my case has been assigned.

Print Name of Defendant _____ Signature of Defendant _____ Date _____

Official Use Only

Defendant is Ineligible	Prosecutor Consent Required	Prosecutor Consented	Statement Submitted
☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ N/A
☐ Fee Paid _____		☐ Fee Waived _____	

ATTACHMENT 2

PTI ORDER OF POSTPONEMENT

Pretrial Intervention
Order of Postponement

State of New Jersey v	☐ 1st Order ☐ 2nd Order ☐ 3rd Order

Address	Zip

County	PROMIS Number(s)	CAPS ID Number

Ind/Acc/Complaint Number(s), Charges and Statutes

Related Disorderly Persons and Motor Vehicle Charges

In accordance with the provisions of N.J.S.A. 2C:43-12 and -13 & *R.* 3:28-1 *et seq.*, and upon the recommendation of the Criminal Division Manager or designee and with the consent of the Prosecutor and defendant to the attached listed terms and conditions of the supervisory treatment, it is **ORDERED** that all further proceedings be and are postponed for a period of _____ months, beginning _____.

Date	Judge
Date	Prosecutor
Date	Criminal Division Manager or Designee/Vicinage Chief Probation Officer or Designee

I consent to the conditions set forth in the standard and special conditions. I agree to a postponement of further proceedings for a period not to exceed three years. During this period, I waive my right to a speedy trial on this or any related charges, including disorderly persons offenses and motor vehicle charges. In addition, I agree to waive any double jeopardy claim as to any remanded disorderly persons offenses and/or motor vehicle violations.

Date	Defendant
Date	Attorney

ATTACHMENT 3

PTI STANDARD CONDITIONS OF PTI SUPERVISION

Pretrial Intervention
Standard Conditions of PTI Supervision

First Name	Middle Name	Last name

PROMIS Number(s)	CAPS ID Number

1. You shall obey all federal, state, and municipal laws and ordinances. You shall notify your probation officer within 24 hours if you are arrested or issued a complaint summons in any jurisdiction.
2. You shall report to your probation officer as directed.
3. You shall answer all inquiries by your probation officer truthfully.
4. You shall permit your probation officer to visit your residence or any other suitable place.
5. You shall promptly report any change of address or residence to your probation officer.
6. You must obtain permission if you wish to move outside the state.
7. You shall seek and maintain gainful employment, and promptly notify your probation officer when you change your place of employment or find yourself out of work.
8. You shall cooperate in any test, treatment and/or counseling deemed necessary by your probation officer during the PTI period of postponement.

If the court finds that you have not complied with the conditions of your PTI Supervision, the Court may modify the conditions of PTI Supervision, or terminate you from the program. If you are terminated from the PTI program, your charges will be reactivated and prosecution of the charges will resume. You may also be ordered to comply with conditions of pretrial release.

Failure to comply with the payment requirements may result in further Court action including termination, attachment of your wages, filing of a civil judgment, or extension of your PTI Supervision for purposes of collection.

I have received a copy of the Standard Conditions of PTI Supervision, which have been read and explained to me. I may request a copy of the official court order from my probation officer. I understand the above conditions of PTI Supervision and that they apply to me, and I further understand that failure to comply on my part constitutes a violation of PTI Supervision and may cause my termination from the program and prosecution of the charges against me.

Date	Defendant
Date	Probation Officer

Revised Form Promulgated by Directive #09-19 (06/04/2019), CN 10301

ATTACHMENT 4

PTI SPECIAL CONDITIONS OF PTI SUPERVISION

Pretrial Intervention
Special Conditions of PTI Supervision

First Name	Middle Name	Last Name

PROMIS Number(s)	CAPS ID Number

Community Service	Driver's License Suspension	License Number	Length of Suspension
☐ Yes ☐ No Hours: _____	☐ Yes ☐ No		Months

Restitution in the Total Amount of:	Payable Through:		☐ Forfeit Weapons:
$_____	☐ Probation	☐ Direct Pay	

Payable To:

☐ Drug/alcohol testing and/or counseling as directed

☐ Medical/psychological tests/evaluations and/or counseling as directed

☐ Victims of Crime Compensation Office (VCCO) Assessment N.J.S.A. 2C:43-3.1(a)(2)(d) $50.00

☐ Drug Enforcement and Demand Reduction (DEDR) Penalty N.J.S.A. 2C:35-15(a) $_____

☐ Drug Abuse Education Fund (DAEF) Penalty N.J.S.A. 2C:43-3.5 $50.00

☐ Forensic Lab Fee N.J.S.A. 2C:35-20(a) $_____

☐ Safe Neighborhoods Assessment N.J.S.A. 2C:43-3.2(a)(2) $75.00

Additional Conditions or Comments

My financial obligations imposed by the court total $_____

☐ I agree to pay $_____ today.

☐ I agree to make payments at the rate of $_____ per _____.

☐ I agree to pay the total amount forthwith.

I have received a copy of the Special Conditions of PTI Supervision, which have been read and explained to me. I may request a copy of the official court order from my probation officer. I understand the conditions of PTI Supervision and that they apply to me, and I further understand that failure to comply on my part constitutes a violation of PTI Supervision and may cause my termination from the program and prosecution of the charges against me. I also understand that if I am terminated from the PTI program, I may be ordered to comply with conditions of pretrial release. I further understand that if the offenses for which I am being enrolled into PTI were committed on or after March 1995, I will be charged a fee each time I make a payment through probation.

- No fee on payments of $3.00 or less
- $1.00 fee on payments of $3.01 to $9.99
- $2.00 fee on payments of $10.00 or more

You must report to _____ on _____ at _____.

You must comply with all standard and special conditions of supervision imposed by the court.

Date	Defendant
Date	Probation Officer

ATTACHMENT 5

PTI ORDER OF TERMINATION

State of New Jersey

V.

_____

Defendant

Superior Court of New Jersey
_____ County
Complaint / Indictment /Accusation Number(s)

_____
_____
_____

PROMIS Number _____
CAPS ID Number _____
Probation Officer _____

Pretrial Intervention Order of Termination

Upon application of the Vicinage Chief Probation Officer for an Order terminating the defendant from participation in said program, and the defendant:

- ☐ having been notified to appear before this Court for a termination hearing and having not appeared,
- ☐ having appeared to contest such recommendation,
- ☐ having waived the opportunity to a termination hearing,

It is on this _____ day of _____, 20___,

ORDERED that the defendant is hereby terminated from participation in the Pretrial Intervention Program and the charges against the participant are reactivated and returned to the ordinary course of prosecution, and;

IT IS FURTHER ORDERED that all records relating to the defendant's application to and participation in said program, shall be considered confidential in accordance with *R.* 1:38-3(c)(5), and;

IT IS FURTHER ORDERED that the defendant be placed on the active court calendar, and is scheduled before Judge _____, in Courtroom _____ on _____ at _____ ☐ a.m./☐ p.m.

_____
Judge of the Superior Court

Distribution:
Criminal Division
Probation Division
Prosecutor
Defense Attorney
Defendant

ATTACHMENT 6

PTI ORDER OF DISMISSAL

State of New Jersey

V.

_____

Defendant

Superior Court of New Jersey
_____ County
Complaint / Indictment /Accusation Number(s)

_____

_____

_____

PROMIS Number _____
CAPS ID Number _____
Probation Officer _____

Pretrial Intervention Order of Dismissal Under *R.* 3:28-7(b)(1)

Upon application of the Vicinage Chief Probation Officer for an Order to Dismiss the above captioned Complaint(s)/Indictment(s)/Accusation(s) pursuant to *R.* 3:28-7(b)(1) and with the consent of the Prosecutor and defendant;

The Court having considered the report of the Pretrial Intervention Program concerning the defendant's participation and noting that the defendant has released the complainant from any claims which might arise from failure to prosecute this matter in the ordinary course;

It is on this _____ day of _____, 20__, **ORDERED** that the Complaint(s)/ Indictment(s)/Accusation(s) is/are hereby dismissed without cost to the defendant.

IT IS FURTHER ORDERED that any bail posted be discharged.

_____
Judge of the Superior Court

I hereby consent to the entry of the above Order.

_____
Defendant

_____
Prosecutor

Distribution:

Criminal Division	Prosecutor
Finance Division	Defense Attorney
Probation Division	Defendant

ATTACHMENT 7

PTI ORDER OF DISMISSAL, ORDER TO DISCHARGE BAIL, AND ORDER OF ENTRY OF CIVIL JUDGEMENT BY CONFESSION

State of New Jersey

V.

_____

Defendant

Superior Court of New Jersey
_____County
Complaint/Indictment/Accusation Number(s)

_____

_____

PROMIS Number _____
CAPS ID Number _____
Probation Officer _____

Pretrial Intervention Program

1) Order of Dismissal

2) Order to Discharge Bail

3) Order of Entry of Civil Judgment by Confession

Upon application of the Vicinage Chief Probation Officer for an Order to dismiss the above captioned Complaint(s)/Indictment(s)/Accusation(s) and having considered the report of the Pretrial Intervention Program concerning the defendant's participation and with consent of the Prosecutor and the defendant;

It is on this _____ day of _____, 20__, **ORDERED** that the Complaint(s)/ Indictment(s)/Accusation(s) is/are hereby dismissed Pursuant to *R.* 3:28-7(b)(1) without cost to the defendant.

It is further **ORDERED** that any bail posted in this matter is discharged.

It is further **ORDERED** that, the defendant having given consent as a condition of the dismissal of charges, the Clerk of the Superior Court shall record this Order in the Civil Judgment and Order Docket pursuant to *R.* 4:101 as a Civil Judgment by Confession in favor of the _____ County Probation Division and against the defendant in the amount of _____.

_____
Judge of the Superior Court

I hereby consent to the entry of this Order.

_____
Defendant

_____
Prosecutor

Attach Certification of Amount Due

Distribution: Criminal Division, Finance Division, Probation Division, Prosecutor, Defense Attorney, Defendant

Probation Division in the
County of _____
(Address)

For Superior Court Clerk's Office Use Only
Date Entered: _____
J # _____

State of New Jersey
Plaintiff

v.

_____
Defendant

_____
Street

_____ _____ _____
City State Zip Code

Superior Court Of New Jersey
_____County
Law Division Criminal

Complaint/Indictment/Accusation Number(s)

_____

_____

Certification of Amount Due

When enrolled into the Pretrial Intervention Program the defendant agreed to pay $_____ in financial obligations. Those obligations have not been paid in full. The amount(s) due are noted below.

The undersigned does hereby certify that the amount set forth below are due the Probation Division in the County of _____ on behalf of the below named creditors.

Names of Creditors	Types of Payment	Amount Due
Victims of Crimes Compensation Office	VCCO Assessment:	
Victim: _____	Restitution: _____	
Victim: _____	Restitution: _____	
Victim: _____	Restitution: _____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Total:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date: _____

_____
Chief Probation Officer

Attach to Pretrial Intervention Order of Dismissal, Order to Discharge Bail and Order of Entry of Civil Judgment by Confession