



Bergen County Prosecutor's Office Veteran's Diversion Program Acknowledgements Form

Defendant's Name: _____ BCPO Case No(s): _____

I am applying to participate in the Bergen County Veterans Diversion Program. I acknowledge and fully understand that my acceptance into the Program, as well as termination from and successful completion of the Program, is at the sole discretion of the Bergen County Prosecutor's Office. I acknowledge and fully understand that I have no right to appeal any determination made in this matter by the Bergen County Prosecutor's Office.

I acknowledge and am aware that I can terminate this process by informing the Program in writing that I do not want to be further considered for acceptance.

I acknowledge and am aware that if I am accepted into the Program I may be required to:

- Take medications as prescribed;
- Submit to medication monitoring;
- Submit to random drug screening;
- Attend therapy and counseling as directed;
- Maintain a certain residence;
- Not have direct or indirect contact with specific persons or places;
- Not commit any new offenses;
- Not possess any weapons, and to surrender any firearms carry permits, purchase permits or FPICs; and
- Agree to or fulfill other conditions as may be required by the Program, Mental Health Providers, Substance Abuse Providers, Prosecutor or Judge.

I acknowledge and am aware that during this application process, and if I am accepted into the Program, any and all applicable time limits of traditional prosecution, including any Speedy Trial requirements, will be tolled. I further understand that if I am terminated from the Program for any reason, the tolling of any and all applicable time limits will also terminate and the criminal case against me shall proceed in the traditional course.

I acknowledge that if I am accepted into the Program, the maximum time period I may be required to participate in the Program will be two years from the date of acceptance into the Program. The time that I will be required to participate in the program will be determined by the Bergen County Prosecutor's Office in concert with my treatment team, who will continually evaluate my progress during my participation in the Program.

I acknowledge and am aware that information about my case may be used for statistical purposes to evaluate the Program, but that any information for evaluation of the Program will be anonymous.

I acknowledge and am aware that during the application process, and if I am accepted into the Program, I must continue to attend all scheduled criminal or other court appearances for which I received proper notice. I acknowledge that if I fail to appear for any court proceedings for which I have received proper notice, a warrant for my arrest may be issued. I understand that if I move, it is my duty to ensure that I provide the court, the Program and my treatment providers my most up-to-date address.

Defendant's Signature: _____ Date: _____

Defense Counsel's Name: _____

Defense Counsel's Signature: _____ Date: _____