



Bergen County Prosecutor's Office Veteran's Diversion Program Application

The goal of the Veterans Diversion Program is to work with veterans suffering from serious mental illness who agree to comply with supervised treatment in order to limit or avoid a conviction or incarceration.

Defendant's Name (Last, First, MI): _____

Aliases: _____

DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Prosecutor's Case Number(s): _____

Indictment/Accusation Number(s): _____

Complaint Number(s): _____

Please have the defendant:

- 1) Read each item listed below and sign and date page 2; and
- 2) Attach DD214 with paperwork. If defendant does not have the form it may be obtained online at <https://www.archives.gov/veterans/military-service-records>.

- I am requesting and acknowledge that I am being considered for acceptance into the Bergen County Prosecutor's Office Veterans Division Program (VDP).
- I acknowledge and am aware that acceptance into the Program is determined on a case-by-case basis at the sole discretion of the Bergen County Prosecutor's Office, and that there is no right to acceptance and no guarantee that I will be accepted.
- I acknowledge and am aware that the Program is voluntary and that I may choose at any time to decline and have my case proceed by traditional criminal prosecution.
- I agree to participate in the evaluation process to determine if I qualify for the Program and to help me decide if I want to enter the Program, should I qualify.
- I agree to cooperate in the intake process, including filling out forms and providing releases so that the Program, Mental Health Providers and Substance Abuse Treatment Providers can obtain relevant information about me, including medical, mental health and substance abuse treatment information.
- I agree to participate in psychological, substance abuse, and risk evaluations that may include completing written forms and tests and interviews with mental health and/or substance abuse professionals.
- I acknowledge and am aware that should I successfully complete the requirements of the Program to the satisfaction of the Prosecutor, my criminal charges will be reduced or dismissed.

- I acknowledge and am aware that I must sign and attach the following additional documents to this application, and I understand that they will be used in order to determine whether I will be accepted into the Program:
 - The Bergen County Prosecutor's Office Veterans Diversion Program Release of Psychiatric, Psychological, Mental Health Treatment, Substance Abuse, Addiction, Medical and/or Hospital Information and Records;
 - The Bergen County Prosecutor's Office Veterans Diversion Program Acknowledgements Form;
 - DD214 Form;
 - VA Authorization of Release for medical records or health information, available at <https://www.va.gov/vaforms/medical/pdf/vha-10-5345-fill.pdf>.

Defendant's Name: _____

Defendant's Signature: _____ Date: _____

Defense Counsel's Name: _____ Signature: _____

Defense Counsel Address: _____

Telephone: _____ Fax: _____ E-mail: _____

- | | |
|--|--|
| Has the Defendant submitted an application for PTI or is currently in PTI? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the Defendant been terminated from PTI? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the Defendant successfully completed PTI? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Defendant have a Firearms ID card? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Defendant have a pending Firearms ID card application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Defendant own or have access to firearms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the Defendant applied to Drug Court or currently is in Drug Court? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the Defendant been terminated from Drug Court? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

Does the Defendant have health insurance? Yes No

If Yes: Medicaid Medicare Private

Living Arrangement Information:

Own house/apt With Family Section 8 Boarding Home Temp. Shelter Homeless

Other Explain: _____

1. Suspected Mental Illness: _____

2. Suspected Substance Abuse Issue: _____

3. Has Defendant even been diagnosed* by a medical/mental health professional: Yes No

Diagnosis: _____ Date: _____

**Applicants must provide proof of an AXIS I severe and persistent mental health diagnosis or submit to an evaluation for a mental health diagnosis to be accepted into this program.*

4. Has Defendant ever been prescribed medication for mental illness? Yes No

Date: _____ Prescribing Doctor: _____ Phone No. _____

Medication name(s): _____

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

5. Emergency Crisis Screening: Yes No Where: _____

Dates: _____

Discharge Recommendations: _____

6. Hospitalizations: Yes No Where: _____

Dates: _____

Discharge Recommendations: _____

7. Has the defendant ever been linked with a case management service? Yes No

Dates: _____

County: _____

CJS ICMS PATH PACT VA Other

8. List all past and present Psychiatric/Substance Abuse Treatment (including inpatient, day programs, therapy, etc.).
Include names, contact information and dates of service: _____

**PLEASE E-MAIL THIS APPLICATION TO VETERANS@BCPO.NET
OR FAX IT TO (201) 712-4446.**