



SALEM COUNTY PROSECUTOR'S OFFICE VETERANS DIVERSION PROGRAM APPLICATION

Application to participate in the Salem County Prosecutor's Office Veterans Diversion Program

The Salem County Prosecutor's Office has established a diversion for Veterans with serious mental illness. The goal is to work with appropriate individuals who agree to comply with supervised treatment to limit or avoid certain convictions or incarcerations based upon continued cooperation.

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

Aliases: _____

DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Prosecutor Case Number(s): _____

Indictment/Accusation Number(s): _____

Complaint Number(s): _____

Please have defendant:

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

- I am requesting and acknowledge that I am being considered for acceptance into the Salem County Prosecutor's Office Veterans Diversion Program.
- I am a resident of Salem County.
- I acknowledge and am aware that acceptance into the Program is determined on a case-by-case basis at the sole discretion of the Salem County Prosecutor's Office, and that there is no right to acceptance, nor 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 dismissed.
- I acknowledge and am aware that there are additional documents I must sign and attach to this application and understand that they will be used in order to determine whether I will be accepted into the Program.
 - The Salem County Prosecutor’s Office Release of Psychiatric, Psychological, Mental Health Treatment, Substance Abuse, Addiction, Medical and/or Hospital Information and Records.
 - The Salem County Prosecutor’s Office Veterans Diversion Program Agreement.
 - DD214 Form.
 - VA Authorization Release for medical records or health information, available at: <https://www.va.gov.vaforms/medical/pdf/vha-10-5345-fill.pdf>

Defendant’s or Legal Guardian’s Signature: _____ Date: _____

Defense Counsel’s Name: _____ Signature: _____

Telephone Number: _____ Fax Number: _____

Has Defendant submitted an application for PTI or is currently in PTI?	___ Yes	___ No
Has Defendant been terminated from PTI?	___ Yes	___ No
Has Defendant successfully completed PTI?	___ Yes	___ No
Does Defendant have a Firearms ID card?	___ Yes	___ No
Does Defendant have a pending Firearms ID card application?	___ Yes	___ No
Does Defendant own or have access to firearms?	___ Yes	___ No
Has Defendant applied to or is currently in Drug Court?	___ Yes	___ No
Has Defendant been terminated from Drug Court?	___ Yes	___ No