MIDDLESEX COUNTY LAW ENFORCEMENT

Veterans Diversion Program Referral Form

Email completed form to mcpoveterans@co.middlesex.nj.us

Please provide as much information as possible

DATE:		**PROSECUTOR FILE NO:**		
NAME OF DEFENDANT BEING REFERRED:	**DATE OF BIRTH:**	**SOCIAL SECURITY NUMBER:**		
ADDRESS:		**PHONE:** ☐ **Cell** _____ ☐ **Home** _____		
NAME OF PERSON MAKING REFERRAL:	**PHONE NUMBER:**	**RELATIONSHIP TO DEFENDANT:**		
CHARGES AGAINST DEFENDANT:				
VETERAN STATUS:	**DATES OF MILITARY SERVICE:** DEPLOYED ☐ Yes ☐ No	**LOCATION:**	**DD-214** ☐ Provided ☐ Verified	**DISCHARGE STATUS:** ☐ Honorable ☐ General ☐ Other than Honorable ☐ Dishonorable ☐ Bad Conduct
DEFENSE ATTORNEY NAME:		**PHONE NUMBER:**		
HEALTH INSURANCE: ☐ YES ☐ NO If yes, please specify: ☐ Medicaid ☐ Medicare ☐ Private ☐ VA				
LIVING ARRANGEMENTS: ☐ Own house/apt ☐ With family ☐ Section 8 ☐ Boarding home ☐ Temporary shelter ☐ Homeless ☐ Other _____				
DEFENDANT'S EMERGENCY CONTACT:	**PHONE NUMBER:**	**RELATIONSHIP TO DEFENDANT:**		
SUSPECTED MENTAL HEALTH ISSUES:				
SUSPECTED SUBSTANCE ABUSE ISSUES:				
HAS DEFENDANT EVER BEEN *DIAGNOSED* BY A MEDICAL /MENTAL HEALTH PROFESSIONAL: ☐ YES ☐ NO				
DIAGNOSES:	**DATES:**			
DOCTOR'S NAME:	**PHONE NUMBER:**			
IS DEFENDANT CURRENTLY TAKING, OR EVER BEEN PRESCRIBED, MEDICATIO0NS FOR MENTAL HEALTH ISSUES: ☐ YES ☐ NO				
MEDICATIONS:	**DATES:**			
PRESCRIBING DOCTOR:	**PHONE NUMBER:**			

PREVIOUS PSYCHIATRIC EMERGENCY / CRISIS SCREENING: ☐ Yes ☐ No	
WHERE:	**DATES:**
DISCHARGE RECOMMENDATIONS:	
HISTORY OF ANY MENTAL/PSYCHIATRIC HOSPITALIZATIONS: ☐ Yes ☐ No	
WHERE:	**DATES:**
DISCHARGE RECOMMENDATIONS:	
HAS DEFENDANT EVER BEEN LINKED WITH A CASE MANAGEMENT SERVICE? ☐ Yes ☐ No	
DATES:	**PROGRAM & COUNTY:**

LIST ALL PAST AND PRESENT PSYCHIATRIC / SUBSTANCE ABUSE *TREATMENT* (include inpatient, day programs, therapy, etc.)

NAME	CONTACT INFORMATION	DATES OF SERVICE

ADDITIONAL INFORMATION:

VETERANS DIVERSION PROGRAM INITIATIVE USE ONLY	
DATE REFERRAL RECEIVED:	**LEGALLY APPROPRIATE:** ☐ **Yes** ☐ **No**
FINAL DECISION DATE:	**AP REVIEWING:**