



CUMBERLAND COUNTY ADULT PROBATION & PAROLE OFFICE
CUMBERLAND COUNTY CRIMINAL JUSTICE PLANNING & IP PROGRAMS

DUI Intermediate Punishment Program Referral Form
Request for Drug & Alcohol Evaluation and Consideration for RIP

DEFENDANT INFORMATION

Name: _____ SSN: _____ DOB: _____

Address: _____

County of residence: _____ Phone: (home) _____ (work) _____

Is defendant currently incarcerated? No Yes If yes, where: _____

Is defendant currently employed? No Yes If yes, where: _____

REFERRAL INFORMATION

Submitted by: _____ Phone: _____ Date: _____

Referral type: Arraignment Date: _____

Appeal Reason: _____

Conviction Date Convicted: _____ Trial Judge: _____

Was the defendant provided with DUI IP Program brochure and understand that he/she will be contacted by the IP Coordinator and must be available for Drug & Alcohol evaluation? No Yes

Is the defendant currently receiving drug & alcohol treatment? No Yes Unknown

If yes, describe: _____

Additional comments: _____

FOR CJIP USE ONLY

Referral received on: _____ Eligibility check completed on: _____ Completed by: _____

Notice to Defense on: _____ Notice to D.A. on: _____ Copy to APP on: _____

Comments: