



CUMBERLAND COUNTY CRIMINAL JUSTICE PLANNING & IP PROGRAMS

Intermediate Punishment Program Referral Form
Request for Drug & Alcohol Evaluation and Consideration for IP Programs

DEFENDANT INFORMATION

Name: _____ SSN: _____ DOB: _____
Address: _____
County of residence: _____ Phone: (home) _____ (work) _____
Is defendant currently incarcerated? ☐ No ☐ Yes If yes, where: _____

CRIMINAL HISTORY & PENDING CHARGES

Docket # of case(s) to be considered for IP Program: _____
Describe charges: ☐ Drug-related ☐ DUI/DUS ☐ Other _____
Offender Level(s) for above Docket: _____ Do any charges carry mandatory sentences?
☐ No ☐ Yes ☐ Unknown If yes, which charges: _____
Next court appearance? Date: _____ ☐ Arraignment ☐ PTC ☐ Guilty Plea ☐ Sentencing
Is client currently on? ☐ Probation ☐ Parole ☐ Unknown Probation/Parole Officer: _____
Is a revocation of probation/parole scheduled? ☐ No ☐ Yes ☐ Unknown If yes, date: _____

REFERRAL INFORMATION

Submitted by: _____ Phone: _____ Date: _____
Does the defendant understand the IP Program and that he/she will be contacted by the IP Coordinator and/or the Drug & Alcohol Commission to begin the evaluation process? ☐ No ☐ Yes
Is the defendant currently receiving drug & alcohol treatment? ☐ No ☐ Yes ☐ Unknown
If yes, describe: _____
Additional comments: _____

FOR IP PROGRAMS USE ONLY

Request received on: _____ Eligibility check completed on: _____ Referral made to D&A on: _____
Comments: _____
