



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: _____