



**SUPERIOR COURT OF NEW JERSEY
CRIMINAL DIVISION**

APPLICATION TO THE DRUG COURT PROGRAM

_____ Vicinage _____ Date of Application _____

Name _____ Alias _____

Address _____ Telephone # _____

City _____ State _____ Zip _____

How Long at This Address _____ Citizenship Status _____

Co-Habitant _____ Relationship _____

Previous Address _____

Emergency Contact _____ Relationship _____ Telephone # _____

Defense Attorney _____ Telephone # _____

Current Charges _____ Indictment # _____

_____ P/G # _____

Next Court Event _____ Date _____ Judge _____

Date of Arrest _____ Location of Arrest _____

Employer _____ Telephone # _____

Employer's Address _____

Race _____ Sex _____ DOB _____ Social Security # _____

SBI # _____ FBI # _____ Height _____ Weight _____

Driver's License _____ Eye Color _____ Hair Color _____

Distinguishing Marks _____

Presently Incarcerated? No Yes Jail # _____

Detainers? No Yes Jurisdiction(s) _____

On Probation? No Yes Parole? No Yes PO's Name _____

Signature of Defendant

Signature of Defense Attorney