



Superior Court of New Jersey
Office of Probation Services

Vicinage

Application to the Recovery Court Program

| | | | | |
|---|---|---|------------------------|-----|
| Date of Application | Do you need disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request: | Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language: | | |
| Name | | Alias | | |
| Race | Sex | Date of Birth | Social Security Number | |
| Current Address (Street) | City | County | State | Zip |
| How long at this address? | Telephone Number | | Cell Phone Number | |
| Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | Co-Habitant | | Relationship | |
| Previous Address | | | | |
| Next of Kin | | Relationship | Telephone Number | |
| SBI Number | Currently involved with DCP&P? <input type="checkbox"/> Yes <input type="checkbox"/> No | Presently Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Jail Number | |
| On Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No | Probation/Parole Officer's Name | | |
| Current Charges | | | | |
| County | Indictment Number | | PG Number | |
| Next court event | | Date | Judge | |
| Have you ever been sentenced to recovery court before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court When? | | | | |

| | |
|---|------------------|
| Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, name of court | Charges |
| Next court event | Date |
| Judge | |
| Detainers? <input type="checkbox"/> Yes <input type="checkbox"/> No | Jurisdictions |
| Defense Attorney Name | Telephone Number |
| <hr/> Defense Attorney Signature | <hr/> Date |
| <hr/> Applicant Signature | <hr/> Date |

Recovery Court Program
Superior Court of New Jersey
Treatment Assessment Services for the Courts

**Records Release Authorization
(Recovery Court Involvement)**

I, _____, authorize
(Name of Client)

- Treatment Assessment Services for the Courts/Substance Abuse Evaluator
- and**
- the State of New Jersey Recovery Court Team (to include the Judge, defense attorney, prosecutor, Recovery probation officers, treatment representatives, and other Recovery team members)

and

- Treatment Provider/s (to be added once known):

(Name and address of treatment program)

(Date Amended)

(Client's initials)

(Witness' Initials)

(Name and address of treatment program)

(Date Amended)

(Client's initials)

(Witness' Initials)

To communicate and to disclose to one another the following information: results of substance abuse (TASC) evaluation, involvement and requirements of the Recovery Court/Superior Court mandate, pertinent medical and/or psychological information, drug/alcohol screen/test results, other diagnostic test results, and

(Extent and Nature of Any Additional Information)

The purpose or need for the disclosure is **to monitor my compliance with conditions of the Recovery Court/Superior Court** mandate.

For non-criminal matters (Juvenile and Family) this consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon and will otherwise expire on

(Date, Event, Condition or N/A)

For adult criminal cases this consent cannot be revoked but will remain in effect until there has been a formal and effective **termination** of my involvement with the **Recovery Court Program**.

Signature of Client _____ Date _____

Witness Name _____

Signature _____ Date _____

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR- Part 2). The Federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of individual whose information is being disclosed or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The Federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.