



**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: