

PLACE
STAMP
HERE

Director – ISP
Administrative Office of the Courts
PO Box 974
Trenton, New Jersey 08625-0974

INTENSIVE SUPERVISION PROGRAM

A Program of the
Administrative Office
Of the Courts

ISP
PO BOX 974
TRENTON, NJ 08625 –0974
(609) 984-0076



Q. Who decides whether I get in?

- A. You must be recommended by a Screening Board to a Panel of Judges who make the final decision.

Q. What happens after I apply?

- A. It will take some time to review your application. Your presentence report will be reviewed. You will either receive a rejection letter or be interviewed by an officer. If interviewed, you will be asked what you intend to do about a job, a place to live, treatment and asked to identify someone living in your community (preferably a non-family member) who will help you.

Q. What happens if I get in?

- A. You will be immediately released from prison into ISP if you are approved by the Resentencing Panel. Once in the program you will have to live up to all the requirements of the program. ISP is a tough program, but you will not be selected for the program unless the Resentencing Panel believes you can successfully complete ISP.

Q. What happens if I get into trouble?

- A. Violation of any condition of ISP may result in your immediate return to prison. However, the majority of ISP participants are able to successfully complete the program.

Q. What is GAP?

- A. GAP (Graduate Assistance Program) is ISP graduates (participants who complete ISP) who volunteer to become actively involved with participants. They serve as sponsors and /or network team members and act out as friends for the participant to help integrate each person back into society.

"ISP is not for everyone; it is only for those of you who want a chance to change and for those who could follow some basic rules. (Don't be influenced by losers and go wrong. Think on your own and good luck.)"

COLLECT CALLS ARE NOT ACCEPTED

INTENSIVE SUPERVISION PROGRAM

The Intensive Supervision Program (ISP) makes it possible for inmates who are sincerely interested in changing their lives to be released before parole. ISP permits offenders to serve the remainder of their sentences in the community rather than in prison. ISP is "prison without walls."

ISP is a strict no-nonsense program, but participants receive all the support, guidance and encouragement they need to successfully complete the program. You **MUST** obtain a full-time job, do 16 hours of community service per month, attend treatment programs including ISP group meetings, observe a nightly curfew, keep a daily diary and weekly budget, submit to frequent urine monitoring and pay all of your financial obligations. You may also be required to pay towards the cost incurred for supervising you in the program.

Your ISP Officer stands ready to give you all the help you will need to graduate from the program. The decision is up to you. Are you ready to make a change in your life for the better?

Information about ISP participants may be shared with other parties when deemed necessary or advisable by ISP.

BASIC QUESTIONS ABOUT ISP

Q. Am I eligible to apply to ISP?

A. You are eligible if you have been convicted and sentenced to a State Institution **UNLESS** the crime was **HOMICIDE** (including **DEATH BY AUTO**), **ROBBERY** or a **SEX OFFENSE**. Also, a conviction for a **FIRST DEGREE OFFENSE** will make you **INELIGIBLE**. ANYONE WHO PARTICIPATES IN THIS PROGRAM MUST LIVE IN NEW JERSEY DURING SUPERVISION.

Q. How do I apply?

A. Just answer the questions on this form, and send it to ISP. If you do not have answers to all questions, complete the application with as much information as you can. You may submit your application as soon as you begin serving your sentence.

(CONTINUED ON OTHER SIDE OF CARD)

Fold along dotted line.

MUST BE COMPLETED IN INK OR TYPED (DO NOT USE PENCIL)		THIS SECTION FOR ISP USE ONLY
YOUR NAME (LAST / FIRST / MIDDLE INITIAL):		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
YOUR INSTITUTION:	YOUR NUMBER AT THE INSTITUTION AND SBI NUMBER:	
SENTENCE(S):	JUDGE(S):	
DATE OF SENTENCE:	INDICTMENT NUMBER(S):	
OFFENSE(S):	DO YOU HAVE ANY PENDING CHARGES? ("X" ONE) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the charges? Town and County where arrested on the charges:	
HAVE YOU EVER BEEN ON ISP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF COUNTY WHERE SENTENCED:		
NAME / ADDRESS OF YOUR ATTORNEY:	ATTORNEY WAS ("X" ONE): <input type="checkbox"/> Hired by me or my family <input type="checkbox"/> Public Defender	
If you were accepted into the program, where would you live in New Jersey?		
ADDRESS (STREET / TOWN):	TELEPHONE NUMBER: ()	
List one or two people in your community and / or family who would be willing to help you get into ISP.		
1.	NAME: ADDRESS (STREET / TOWN):	TELEPHONE NUMBER: ()
2.	NAME: ADDRESS (STREET / TOWN):	TELEPHONE NUMBER: ()
YOUR SIGNATURE:		DATE: