



# NEW JERSEY STATE HUMAN SERVICES POLICE

## REQUEST FOR POLICE SERVICES

**NORTHERN REGION**

FAX: (609) 341-2380

EMAIL: [HSP.NORTH@DHS.STATE.NJ.US](mailto:HSP.NORTH@DHS.STATE.NJ.US)

TELEPHONE: (973) 898-4964

**CENTRAL REGION**

FAX: (609) 341-2381

EMAIL: [HSP.CENTRAL@DHS.STATE.NJ.US](mailto:HSP.CENTRAL@DHS.STATE.NJ.US)

TELEPHONE: (609) 538-4842/4843

**SOUTHERN REGION**

FAX: (609) 341-2382

EMAIL: [HSP.SOUTH@DHS.STATE.NJ.US](mailto:HSP.SOUTH@DHS.STATE.NJ.US)

TELEPHONE: (609) 567-5080

**DIVISION EMPLOYEE REQUESTING SERVICE**

1. LOCAL OFFICE	2. REGION LOCATION FOR LOCAL OFFICE NORTH <input type="checkbox"/> CENTRAL <input type="checkbox"/> SOUTH <input type="checkbox"/>	3. DATE/TIME SERVICE IS NEEDED
4. REQUESTING EMPLOYEE NAME	5. CONTACT TELEPHONE NUMBER	6. DATE SUBMITTED TO POLICE
7. APPROVING SUPERVISOR'S NAME	8. APPROVING SUPERVISOR'S SIGNATURE	

**CLIENT INFORMATION**

9. NJ SPIRIT CASE NUMBER	10. LAST NAME	11. FIRST NAME, MIDDLE INITIAL
12. STREET ADDRESS		13. CITY, ZIP CODE
14. HOME CONTACT NUMBER	15. WORK CONTACT NUMBER	16. CELLULAR CONTACT NUMBER
17. DATE OF BIRTH	18. SOCIAL SECURITY NUMBER	19. GENDER
		20. PLACE OF BIRTH

**DETAILED DESCRIPTION OF REQUESTED POLICE SERVICE**

**21. (SPECIFY THE TYPE OF SERVICE REQUESTED AND DATE SERVICE IS NEEDED. INCLUDE ANY DETAILS THAT ARE NECESSARY TO COMPLETE THE SERVICE. UTILIZE CONTINUATION PAGE IF NEEDED. )**

**IF THE DCP&P EMPLOYEE DOES NOT RECEIVE A CALL BACK WITHIN 15 MINUTES OF SENDING THE REFERRAL FORM THEY ARE INSTRUCTED TO CONTACT THE REGION OF THE REQUEST. THE CONTACT NUMBERS ARE CONTAINED IN THE HEADER OF THIS DOCUMENT. FORMS WILL BE PROCESSED BETWEEN THE HOURS OF 8:00 AM AND 5:00 PM MONDAY THROUGH FRIDAY.**

**NJ STATE HUMAN SERVICE POLICE PERSONNEL ONLY**

APPROVED FOR ASSIGNMENT <input type="checkbox"/>
DOES NOT MEET THE STANDARDS FOR ASSIGNMENT <input type="checkbox"/>

GC#:
OFFICER ASSIGNED:
DATE/TIME ASSIGNED:

<b>DCP&amp;P CONTACT CONFIRMATION</b>	
DATE:	TIME:
NAME:	

\_\_\_\_\_  
POLICE SUPERVISOR SIGNATURE

**NEW JERSEY STATE HUMAN SERVICES POLICE  
REQUEST FOR SERVICE FORM INSTRUCTIONS**

**DIVISION EMPLOYEE REQUESTING SERVICE**

1. LOCAL OFFICE	2. REGION LOCATION FOR LOCAL OFFICE NORTH <input type="checkbox"/> CENTRAL <input type="checkbox"/> SOUTH <input type="checkbox"/>	3. DATE/TIME SERVICE IS NEEDED
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BLOCK #	DESCRIPTION								
1	Denote the Local Office of the referring DCP&P personnel.								
2	Denote the Local Office's regional location by selecting the correct check box. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">REGION</th> <th>COUNTIES</th> </tr> </thead> <tbody> <tr> <td align="center">North</td> <td>Bergan County, Essex County, Hudson County, Morris County, Passaic County, Sussex County and Union County.</td> </tr> <tr> <td align="center">Central</td> <td><del>Hudson County</del>, Mercer County, Middlesex County, Monmouth County, Ocean County, Somerset County and Warren County. <i>Hunterdon County</i></td> </tr> <tr> <td align="center">South</td> <td>Atlantic County, Burlington County, Camden County, Cape May County, Cumberland County, Gloucester County and Salem County.</td> </tr> </tbody> </table>	REGION	COUNTIES	North	Bergan County, Essex County, Hudson County, Morris County, Passaic County, Sussex County and Union County.	Central	<del>Hudson County</del> , Mercer County, Middlesex County, Monmouth County, Ocean County, Somerset County and Warren County. <i>Hunterdon County</i>	South	Atlantic County, Burlington County, Camden County, Cape May County, Cumberland County, Gloucester County and Salem County.
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North	Bergan County, Essex County, Hudson County, Morris County, Passaic County, Sussex County and Union County.								
Central	<del>Hudson County</del> , Mercer County, Middlesex County, Monmouth County, Ocean County, Somerset County and Warren County. <i>Hunterdon County</i>								
South	Atlantic County, Burlington County, Camden County, Cape May County, Cumberland County, Gloucester County and Salem County.								
3	Indicate the date and time of the service. For the transport of clients indicate the time the client is required to be at the destination.								
4	The printed first and last name of the DCP&P employee that is requesting the service from the Human Services Police.								
5	The contact telephone number of the DCP&P employee making the request. The Human Services Police will make contact with the DCP&P employee through the contact number provided in this block.								
6	The date the Request for Service Form is submitted to the Human Services Police e-mail or fax by the DCP&P employee.								
7	Print the first and last name of the DCP&P Supervisor that is approving the request for Police service.								
8	Signature of the approving DCP&P Supervisor who printed their name in block 7.								

**CLIENT INFORMATION**

9. NJ SPIRIT CASE NUMBER		10. LAST NAME		11. FIRST NAME, MIDDLE INITIAL	
12. STREET ADDRESS				13. CITY, ZIP CODE	
14. HOME CONTACT NUMBER		15. WORK CONTACT NUMBER		16. CELLULAR CONTACT NUMBER	
17. DATE OF BIRTH	18. SOCIAL SECURITY NUMBER	19. GENDER		20. PLACE OF BIRTH	

<b>Block #</b>	<b>DESCRIPTION</b>
9	The DCP&P - NJ Sprit case number or family name.
10	Print the last name of the DCP&P client.
11	Print the first name and middle initial of the DCP&P client.
12	Print the current or the last known street address of the DCP&P client.
13	Print the current or the last known city/zip code of the DCP&P client.
14	Print the current or the last known home contact telephone number of the DCP&P client.
15	Print the current or the last known work contact telephone number of the DCP&P client.
16	Print the current or the last known home cellular contact number of the DCP&P client.
17	Print the date of birth of the DCP&P client.
18	Print the social security number of the DCP&P client.
19	Print the gender of the DCP&P client
20	Print the place of the birth, if known, of the DCP&P client.

**DETAILED DESCRIPTION OF REQUESTED POLICE SERVICE**

**21. (SPECIFY THE TYPE OF SERVICE REQUESTED AND DATE SERVICE IS NEEDED. INCLUDE ANY DETAILS THAT ARE NECESSARY TO COMPLETE THE SERVICE. UTILIZE CONTINUATION PAGE IF NEEDED.)**

Block #21

Specify the details of the requested police service. Include any information that may assist the Officers in the completion of the requested Police service. Utilize the referral form continuation page if additional space is required to complete a detailed description of requested Police service.

**Confirmation of Receipt for a Police Service Request**

Once the referral form is forwarded to the Human Services Police the referring DCP&P employee will receive a follow-up phone call from a Human Services Police member within (15) fifteen minutes. If the referring caseworker does not receive a call back within the fifteen (15) minute time frame they are requested to contact the specific Human Services Police region where the request was sent. The three (3) region contact numbers are contained within the header of the referral form.