



New Jersey Judiciary
County Domestic Violence Working Group
Annual Report 2022

Please answer the questions below regarding your County Domestic Violence Working Group

1. Number of meetings held during the year: _____ (meetings must be held at least quarterly)
 - a. Please provide dates of meetings:
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
 - v. _____
 - vi. _____
 - b. Please attach copy of **sign in sheets**, **agenda** AND **minutes** from each of the County Domestic Violence Working Group Meetings.
2. Please state the goals and objectives that were set for the year.
 - a. Were these goals and objectives met?
 - b. Were there any obstacles or difficulties in accomplishing the set goals and objectives?
 - c. Were there short-term COVID goals set? If yes, please detail these goals.

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3. Please confirm the below the members that make up the County Domestic Violence Working Group:
- | | |
|--|---|
| <input type="checkbox"/> Family Division Presiding Judge/or Lead DV Judge (chair) | <input type="checkbox"/> Criminal Division Judge |
| <input type="checkbox"/> Probation Chief/Representative with DV experience | <input type="checkbox"/> Public Defender's Office |
| <input type="checkbox"/> Criminal Division Manager/ Representative with Pre-Trial experience | <input type="checkbox"/> Municipal Public Defender's Office |
| <input type="checkbox"/> County Prosecutor or designee (chair) | <input type="checkbox"/> Municipal Court Representative |
| <input type="checkbox"/> Family Division Manager/Representative | <input type="checkbox"/> Domestic Violence Advocates |
| <input type="checkbox"/> Domestic Violence Team Leader | <input type="checkbox"/> DV Hearing Officer |
| <input type="checkbox"/> County Sheriff's Department | <input type="checkbox"/> Municipal Prosecutor |
| <input type="checkbox"/> President of County Chief's Association | <input type="checkbox"/> Municipal Court Judge |
| <input type="checkbox"/> Prosecutor's Office | <input type="checkbox"/> Victim Witness Coordinator |
| <input type="checkbox"/> Batterer's Intervention Group | <input type="checkbox"/> DCP&P |
| <input type="checkbox"/> County Bar Association | <input type="checkbox"/> Municipal Division Manager |
| <input type="checkbox"/> DV Police Liaison/Representative | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Legal Services Representative | |

4. Were any trainings held? Yes No If yes (repeat section if needed):

- a. What was the date of the training?
- b. Who provided the training?
- c. Please give a brief description of the training provided.

d. Was the training for the DV Working Group or were others invited?

5. County Domestic Violence Working Groups are required to maintain up-to-date information regarding available domestic violence programs and services. (Please attach a copy of your county list.)

- a. Was your county list updated this year? Yes No
- b. Were there any new services added? Yes No
If yes, please indicate what they are.

6. Pursuant to Directive #19-20 the issue of remote TROs should be a standing agenda item. Please indicate how the Working Group complied with this Directive.

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Prepared by: _____	Date: _____
Committee Co-Chair	Committee Co-Chair