



## Ada County Veterans Treatment Court Referral Form

Date: \_\_\_\_\_

Name: (please print)

Phone/Contact Number \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Case Number: \_\_\_\_\_

Charge: \_\_\_\_\_ Arrest Date: \_\_\_\_\_

Attorney: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Judge currently assigned: \_\_\_\_\_ Next Court date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Sex: (circle one) male female Marital Status: (circle one) married single divorced

Branch of Service: Army - Navy - Marines - Air Force - Coast Guard - Reserve - Air National Guard - Army National Guard

Dates of Service: From \_\_\_\_\_ to \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Have you served in a combat zone? (circle one) Yes No

If you have served in a combat zone, state when and where your service occurred: \_\_\_\_\_

Have you previously or are you currently receiving services through the VA?

Currently receiving benefits: (circle one) Yes No

Applied in the past: (circle one) Yes No

VBA benefits: (circle one) Yes No Disability Rating % \_\_\_\_\_ Applied in the past: (circle one) Yes No

VBA Veterans Court Consent Form (circle one) Yes No Date applied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Service Officer: \_\_\_\_\_

Education Attainment: (circle one) High School Diploma GED College Graduate Vocational Training

Applied for Voc-Rehab or VA Education Benefits? (circle one) Yes No \_\_\_\_\_

Currently Employed? (circle one) Yes No If so, where? \_\_\_\_\_

Have you been diagnosed with: (circle those that apply) Mental Health Issues Substance Dependency

TB PTSD Other \_\_\_\_\_