

Atlantic Judicial Circuit Veterans' Treatment Court

Case

AJC Veterans Treatment Court Shundrekia Taylor, Program Coordinator P.O. BOX 2106 Hinesville, GA 31310 Office (912) 877-6650 Facsimile 876-0797 shundrekia.taylor@libertycountyga.com	Referral Date: _____ SID # _____
VETERANS' TREATMENT COURT PROGRAM REFERRAL	

Misdemeanor
 Felony
 Current Charge(s): _____

All Information is required: Complete sections A-D and page 3 of this form and turn the application in as follows:

AJC Public Defender - Fax (912) 369-8327 - Email: glenna.smith@libertycountyga.com

A. Identification Information (MANDATORY- To be completed by attorney):

Client Name: _____	Client Phone No.: _____
Client Address: _____	
Attorney Name: _____	Attorney Phone No.: _____

B. Referral Eligibility (MANDATORY- To be completed by attorney):

Please check applicable boxes and enter the data requested.

Is there a history of substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate substance(s) used and preference (1, 2, & 3): ___ Methamphetamines ___ Alcohol ___ Opiates ___ Marijuana ___ Cocaine ___ Other: _____ Branch of Service: <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy Combat Deployment <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Location _____ Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Honorable Discharge <input type="checkbox"/> General Under Honorable Conditions <input type="checkbox"/> General Under Other Than Honorable <input type="checkbox"/> Conditions Dishonorable or Bad Service Start Date: _____ Service End Date: _____	DOB: _____ SSN: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married or Domestic Partnership <input type="checkbox"/> Divorced # of children: _____ # of children living at home _____ Ages of children: _____ Educational Background: <input type="checkbox"/> High school <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Some college <input type="checkbox"/> Graduate degree <input type="checkbox"/> Associates degree <input type="checkbox"/> Vocational degree Living Situation: <input type="checkbox"/> Sober Living <input type="checkbox"/> Homeless <input type="checkbox"/> Own Home/Apartment <input type="checkbox"/> Other: _____ Employment: Yes No Retired If Yes, employer: _____
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DEFENDANT: _____

VETERANS' TREATMENT COURT PROGRAM REFERRAL

Have you ever been diagnosed with a service related condition? If yes, check all that apply:

- PTSD
- Substance Abuse
- TBI
- Other: _____
- Depression

Are you eligible for VA benefits/services? Yes No

Are you enrolled in either Medicare or Medicaid? Yes No

Do you have any other type of health coverage? Yes No

Please indicate why veteran is being referred: _____

Race:

- American Indian or Alaska Native
- Black or African American
- Other
- Multiracial
- Asian
- Pacific Islander or Native Hawaiian
- White
- Unknown

Ethnicity:

- Hispanic/Latino
- Unknown
- Non-Hispanic
- Other

C. Assessment: The Veteran will be contacted for an initial assessment within 14 days.

If in custody, enter the facility: Facility: _____
If out of custody, enter the contact number below: Contact Information: _____

D. Veteran's Signature:

I understand that this information is intended to be used to screen me for eligibility for the AJC Veterans' Treatment Court and does not guarantee my acceptance into the program. Furthermore, I understand that demographic information contained on this form (including race and ethnicity) will be used for statistical reporting purposes only and will not affect eligibility for the Veterans' Treatment Court program.

Date: _____ Signature: _____

E. Prosecutor's Office Review - To be completed by Court and prosecutor. Do NOT fill out this section.

Does the Prosecutor agree to the defendant's admittance to the Veteran's Treatment Court? Yes No

Reason for denial (if applicable): _____

Prosecutor _____

Date _____

