

Cambria County Veterans Court Referral Form

Date of referral: ____/____/____

Participant Information:

Participant Name: _____

DOB: ____/____/____

Social Security Number: _____

Gender: Male Female

Address: _____

Ethnicity/ race: _____

Address: _____

Telephone #: _____

Alt Phone #: _____

Insurance Type: _____

Income Source: _____

Offense Information:

OTN Number(s): _____ Criminal Docket(s): _____

Criminal charges: _____

Is the offender currently incarcerated? Yes No If yes, date of incarceration ____/____/____

Is the offense typically excluded from consideration for Veterans Court? Yes No

(If yes, please complete and attach a Typically Excluded Offense Exception Form)

Current Criminal Status: _____

Attorney Name: _____

Phone Number: _____

Referral Information:

Current Diagnostic Information: _____

(Please attach supporting documentation)

Has the participant been diagnosed with PTSD? Yes No

If yes, you must attach supporting documentation providing the diagnostic information.

Current medications (include prescribing doctor): _____

(Note: Offenders must end the use of narcotic medications prior to entering the program)

Current Outpatient Treatment: _____

Previous Outpatient Treatment: _____

Previous Inpatient Treatment: _____

Does the offender use illegal drugs and/or alcohol? Yes No

If yes, list the substances used and frequency of use: _____

Problem areas or other significant information: _____

Has the participant had a CRN interview? Yes No If yes, what was the date ____/____/____

Referral Source Information:

Referral initiated by: _____ Title: _____

Agency of referral source: _____ Contact Information: _____

Signature: _____ Date: ____/____/____

Participant Referred for Veterans Court:

Participant signature: _____ Date ____/____/____

Printed name: _____

Veterans Court Team Use Only:

Approved Denied If denied, rationale: _____

Veterans Court Team Signatures:

District Attorney Representative: _____ Date: ____/____/____

Veterans Affairs Representative: _____ Date: ____/____/____

Veterans Court Judge: _____ Date: ____/____/____