SPOKANE COUNTY

VETERANS COURT

Referral/Pre-Screening Form

Please Fax to: 477-2650

_____
Defendant Name – Last, First, Middle Initial

_____ _____
DOB Referral Date

_____
Current Location (Inmate, Geiger, Address, etc)

_____
Phone Number

Hearing: Pre-Trial ☐
Arraignment ☐
Show Cause ☐
Other: ☐ _____

Check if DV

Case 1 _____ ☐
Charge _____

Case 2 _____ ☐
Charge _____

Case 3 _____ ☐
Charge _____

Case 4 _____ ☐
Charge _____

Reason(s) for the Referral: (Check all that apply)

- ☐ Veteran Branch of Service _____/Era _____
- ☐ PTSD Diagnosis
- ☐ Possible evidence of mental disorder (e.g. psychosis, depression)
- ☐ Possible evidence of substance dependence/abuse
- ☐ TBI
- ☐ Possible Felony Reduction (**Required**: Prosecutor and Defense attorney must sign below)
- ☐ Other: _____

Brief summary of the presenting problem (**Required**): _____

_____

_____

Referred by:
☐ Judicial Officer ☐ Law Enforcement ☐ Defense Attorney
☐ Prosecuting Attorney ☐ Treatment Provider ☐ Probation
☐ Other ☐ Jail ☐ Pre-Trial Services

_____ _____
Referring Party – Please Print Name Judge

_____ _____
Referring Party's Firm/Agency Prosecuting Attorney (Required for Felony Reduction)

_____ _____
Referring Party's Telephone Number Defense Attorney (Required for Felony Reduction and if not referring party)

REQUIRED

*****PLEASE ATTACH A FULLY COMPLETED AND SIGNED RELEASE OF INFORMATION*****

Veterans Court
Spokane County District Court
Ph: 477-6458 / Fx: 477-2650