

**SPOKANE COUNTY
VETERANS COURT
Referral/Pre-Screening Form
Please Fax to: 477-2650**

<p>Defendant Name – Last, First, Middle Initial _____</p> <p>DOB _____ Referral Date _____</p> <p>Current Location (Inmate, Geiger, Address, etc) _____</p> <p>Phone Number _____</p> <p>Hearing: Pre-Trial <input type="checkbox"/> Arraignment <input type="checkbox"/> Show Cause <input type="checkbox"/> Other: <input type="checkbox"/></p> <p>Reason(s) for the Referral: (Check all that apply)</p> <p><input type="checkbox"/> Veteran Branch of Service _____ /Era _____</p> <p><input type="checkbox"/> Possible evidence of mental disorder (e.g. psychosis, depression)</p> <p><input type="checkbox"/> Possible evidence of substance dependence/abuse Type of Discharge _____</p> <p><input type="checkbox"/> PTSD Diagnosis</p> <p><input type="checkbox"/> TBI Diagnosis</p> <p><input type="checkbox"/> MST Diagnosis</p> <p><input type="checkbox"/> Combat Deployment: _____ <input type="checkbox"/> DD214 Verified</p> <p><input type="checkbox"/> Possible Felony Reduction (Required: Prosecutor and Defense attorney must sign below)</p> <p><input type="checkbox"/> Other: _____</p> <p>Brief summary of the presenting problem (Required): _____</p>	<p style="text-align: right;">Check if DV</p> <p>Case 1 _____ <input type="checkbox"/></p> <p>Charge _____</p> <p>Case 2 _____ <input type="checkbox"/></p> <p>Charge _____</p> <p>Case 3 _____ <input type="checkbox"/></p> <p>Charge _____</p> <p>Case 4 _____ <input type="checkbox"/></p> <p>Charge _____</p>
<p>Referred by: <input type="checkbox"/> Judicial Officer <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Defense Attorney</p> <p> <input type="checkbox"/> Prosecuting Attorney <input type="checkbox"/> Treatment Provider <input type="checkbox"/> Probation</p> <p> <input type="checkbox"/> Other <input type="checkbox"/> Jail <input type="checkbox"/> Pre-Trial Services</p>	
<p>Referring Party – Please Print Name _____</p>	<p>Judge _____</p>
<p>Referring Party's Firm/Agency _____</p>	<p>Prosecuting Attorney (Required for Felony Reduction) _____</p>
<p>Referring Party's Telephone Number _____</p>	<p>Defense Attorney (Required for Felony Reduction and if not referring party) _____</p>
<p><u>REQUIRED</u></p> <p>***PLEASE ATTACH A FULLY COMPLETED AND SIGNED RELEASE OF INFORMATION***</p>	