

# VETERANS COURT REFERRAL

Please complete and email to [VeteransTreatmentCourt@washocourts.us](mailto:VeteransTreatmentCourt@washocourts.us)

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ Agency Case#: \_\_\_\_\_ Arrest Date: \_\_\_\_\_

Court of instant case: \_\_\_\_\_ Case#: \_\_\_\_\_ Judge: \_\_\_\_\_

Name of Legal Defender / Public Defender: \_\_\_\_\_

Charge Code (NRS, RMC, SMC)	Charge	Type (M, GM, F)

### Military Service

Branch	Dates	Discharge Type

If available, please attach the following:

- Copy of the defendant's DD214 form or VA card
- Psychiatric Evaluation
- Substance Abuse Evaluation
- PSI
- Police report
- Information or criminal complaint
- Arrest report and declaration of probable cause
- Plea Agreement
- Judgement of Conviction

Referred by: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Date referred: \_\_\_\_\_

## Nexus Between Military Experience and the Current Crime

1. Was there a weapon involved in this crime? If so is this a weapon used or trained on while in the military?  yes  no
2. Was there any special training the defendant had while in the military that could relate to the crime?  yes  no    If so what? \_\_\_\_\_
3. Has the defendant been diagnosed with PTSD?  yes  no

If the individual has not been diagnosed with PTSD check off any of the following symptoms the defendant has experienced:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anger and Irritability   | <input type="checkbox"/> Chronic Pain       | <input type="checkbox"/> Confusion                |
| <input type="checkbox"/> Difficulty Concentrating | <input type="checkbox"/> Dizziness          | <input type="checkbox"/> Eating Problems          |
| <input type="checkbox"/> Feeling on Edge          | <input type="checkbox"/> Flashbacks         | <input type="checkbox"/> Feelings of Hopelessness |
| <input type="checkbox"/> Guilt                    | <input type="checkbox"/> Headaches          | <input type="checkbox"/> Loss of Interest         |
| <input type="checkbox"/> Nightmares               | <input type="checkbox"/> Reckless Behavior  | <input type="checkbox"/> Relationship Problems    |
| <input type="checkbox"/> Social Withdrawal        | <input type="checkbox"/> Stress and Anxiety | <input type="checkbox"/> Trouble Sleeping         |

4. Has the defendant been diagnosed with any other mental health issues? If so what?  
\_\_\_\_\_

5. Does the defendant have drug or alcohol issues? If so, what were the life pressures happening at the time substance abuse started? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did this crime involve substance abuse?  yes  no

7. Has the defendant utilized any of the following treatment classes since leaving the military?

- Substance Abuse     Domestic Violence     Anger Management

8. Has the defendant had any adjustment to civilian life problems? If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Did the defendant serve in a combat zone?  yes  no

10. Is there any other information the Veterans Court should consider when trying to establish a nexus between military experience and the current crime?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Veterans Court Agreement

Veterans Court is a treatment court requiring a year of participation. The following is a list of the minimum requirements to help you decide if Veterans Court is a good choice for you or not. If a participant is struggling or failing to comply, the requirements may increase.

I, \_\_\_\_\_, hereby authorize the Veterans Treatment Court and the VA to release and communicate information and/or records from my files held by the individuals or organizations named above relating to my evaluation and treatment for any behavioral health or mental health related issues. This includes, but is not limited to, the following records and reports: hospitalizations, correctional, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation), consultation reports and/or diagnostic data, medication list, as well as any files prepared for the purposes of healthcare eligibility, military service records, and program eligibility through the VA.

You will attend weekly review hearings for at least the first month. After a month you are eligible to have review hearings monthly if you are in compliance.

Court is held on Thursdays at 2:00 pm. This is the only Veterans Court docket available. Hearings at this time are being held via Zoom.

For the entire year, you will be expected to attend 3 therapeutic appointments each week. This could be attending individual counseling, group counseling, 12 step meetings, etc.

For the first 3 months you will be required to check in with your Specialty Courts Officer weekly. You will be able to pick which day of the week works best for you, except for Mondays. At this time check in's are done through email or phone.

All travel must be approved by the court. Travel in the first 3 months will not be permitted, unless it is an emergency or work related.

For the entire year, you will be randomly tested for drugs and alcohol. Testing could happen any day of the week. The testing facility is in Reno. You will be required to provide urine while being observed by same gender staff.

You will not be allowed to take any medications that are considered addictive or can cross test, even if the medication is prescribed by a physician. This includes opiates, benzodiazepines, and muscle relaxants. Alcohol and marijuana are also not permitted. There are other medications prohibited which will be reviewed in your orientation.

By signing below, I acknowledge that I have reviewed the above and agree to follow all requirements of Veterans Court if my case is transferred.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature