

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

BLYTHE 265 N. Broadway, Blythe, CA 92225
 INDIO 46-200 Oasis St., Indio, CA 92201

MURRIETA 30755-D Auld Rd., Ste. 1226, Murrieta, CA 92563
 RIVERSIDE 4100 Main St., Riverside, CA 92501

RI-CR012

PEOPLE OF THE STATE OF CALIFORNIA <p style="text-align: center;">VS.</p> DEFENDANT:	<small>FOR COURT USE ONLY</small> NOT TO BE FILED or IMAGED CASE NUMBER: _____
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VETERANS COURT PROGRAM REFERRAL

Misdemeanor Felony Current Charge(s): _____

All Information is required: Complete sections A, B, C, and D. Fax or e-mail the completed form to Heather Wood:

Fax No: (951) 777-3716 E-mail: Heather.Wood@riverside.courts.ca.gov.

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

Client name: _____ Client Phone No.: _____
Client address: _____
Attorney Name: _____
Attorney Phone No.: _____ Attorney email: _____

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? Yes No
If yes, please indicate substance(s) used and preference (1, 2, & 3):
____ Methamphetamines ____ Alcohol
____ Opiates ____ Marijuana
____ Cocaine ____ Other: _____

Branch of Service:
 Marines Air Force
 Army Coast Guard
 Navy

Military Status:
 Active
 Honorable Discharge
 General Under Honorable Conditions
 General Under Other Than Honorable Conditions
 Dishonorable or Bad Conduct Discharge

Service Start Date: _____ Service End Date: _____

DOB: _____ Social Sec No.: _____

Gender: Male Female

Marital Status:
 Single Married or Domestic Partnership Divorced

of children: _____

of children living at home: _____

Ages of children: _____

Educational Background
 High School Bachelor's Degree
 Some College Graduate Degree
 Associates Degree Vocational Degree

Living Situation:
 Sober Living Homeless
 Own Home/Apartment Other: _____
 With a Friend/Relative

Employment: Yes No Retired

PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT:	CASE NUMBER
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VETERANS COURT PROGRAM REFERRAL

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

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> PTSD | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> TBI | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Depression | |

Race:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| <input type="checkbox"/> Other | <input type="checkbox"/> White |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Unknown |

Are you eligible for VA benefits/services? Yes No

Are you enrolled in either Medical or Medicaid? Yes No

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

Ethnicity:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Non-Hispanic |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other |

Please indicate why veteran is being referred: _____

C. Assessment: The Veteran will be contacted by a VA Justice Outreach Specialist before the eligibility hearing.

If in custody, enter the facility and booking number:

Facility: _____
 Booking Number: _____

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 Riverside County Veterans 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 Court program.

Date: _____

Signature: _____

Eligibility Court Hearing: Please calendar your client's case within 7 - 14 days of the referral date in Veterans Court, held on Fridays at 8:30 a.m., in Department 34.