



ALLEGHENY COUNTY VETERANS COURT REFERRAL FORM

To be used for the admission of individuals with criminal cases to the Court of Common Pleas of Allegheny County, Pennsylvania. Once completed, submit referral to: Carmen.Senft@va.gov and Heather.Bradford@allegheycourts.us

CLIENT INFORMATION

CLIENT'S NAME _____ AKA (ALIAS) _____
PHYSICAL ADDRESS _____
PHONE NUMBER _____ EMAIL ADDRESS _____
DATE OF BIRTH _____ GENDER _____ RACE _____ SOCIAL SECURITY # _____

COURT INTERACTION

IS THIS CLIENT IN THE ALLEGHENY COUNTY JAIL? YES NO IF YES, DATE OF ADMISSION _____
DOC NUMBER _____
CRIMINAL CASE #'S _____ CRIMINAL CHARGES: _____
NEXT COURT DATE _____ TYPE OF PROCEEDING _____

MILITARY SERVICE INFORMATION

BRANCH OF MILITARY _____ DATES OF SERVICE _____
DISCHARGE STATUS _____
LIST SERVICE IN A COMBAT THEATER AND LOCATION, IF KNOWN _____
LIST ANY SERVICES CLIENT IS CURRENTLY RECEIVING AND FROM WHOM (I.E. TREATMENT, COUNSELING, HOUSING ETC.) _____

MENTAL HEALTH DIAGNOSIS/CO-OCCURRING DISORDER? (INCLUDING TRAUMATIC BRAIN INJURY) _____

IS THERE ANY KNOWN DRUG USE? _____ IS THERE ANY KNOWN ALCOHOL USE? _____

REFERRAL INFORMATION

DATE OF REFERRAL _____ CLIENT REFERRED BY _____
REFERRAL PHONE NUMBER _____
REFERRAL EMAIL _____

VA STAFF USE ONLY

Eligible for VA Services Not Eligible for VA Services

SIGNATURE OF AUTHORIZED STAFF _____