



# 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](mailto:Carmen.Senft@va.gov), [Heather.Bradford@alleghencourts.us](mailto:Heather.Bradford@alleghencourts.us), and [Msiegert@alleghenycountyda.us](mailto:Msiegert@alleghenycountyda.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 \_\_\_\_\_