VETERANS COURT REFERRAL

Please complete and email to VeteransTreatmentCourt@washoecourts.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:

□ Anger and Irritability	□ Chronic Pain	□ Confusion
□ Difficulty Concentrating	□ Dizziness	□ Eating Problems
□ Feeling on Edge	□ Flashbacks	□ Feelings of Hopelessness
□ Guilt	□ Headaches	□ Loss of Interest
□ Nightmares	□ Reckless Behavior	□ Relationship Problems
□ Social Withdrawal	□ Stress and Anxiety	□ 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 Tuesdays at 1:30 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