VETERANS COURT REFERRAL

Please Send Referrals To:
Veterans Treatment Court Administrator
Boone County Circuit Court
705 East Walnut, Columbia, MO 65201
Phone: (573)886-4082 Fax: (573)886-4247

Please Indicate Referral Source Information:
Name: _____
Agency: _____
Phone: _____ Fax: _____
Date of Referral: _____

SECTION A
To be completed by the referral source (please provide information as known)

Defendant Name: _____ SSN: _____
Date of Birth: _____ Gender: _____ Race: _____
Current Address: _____ Phone: _____
_____
Criminal Case #: _____ Arrest Date: _____ In Custody:
☐ No
☐ Yes
Charges: _____ Where?
_____
_____

Does the defendant have military experience? ☐ No ☐ Yes (Provide discharge status)
Is the defendant currently receiving services through the VA? ☐ No ☐ Yes
Does the defendant have a diagnosed mental illness? ☐ No ☐ Yes (please provide details)
Primary Diagnosis: _____ Source of Information: _____
Is the defendant currently receiving mental health services? ☐ No ☐ Yes Where?
Does the defendant have history of abusing substances? ☐ No ☐ Yes
☐ Alcohol? ☐ Drugs? Source of Information
_____ _____
Is the defendant currently receiving Substance Abuse Services? ☐ No ☐ Yes Where?

SECTION B
To be completed by the Veterans Treatment Court Administrator

Does this person meet basic eligibility requirements for Veterans court?
☐ No-Reason(s) _____
☐ Yes-The defendant's first Veterans Treatment Court appearance is scheduled for:
Date: _____ Time: _____ Division: _____
The defendant has a hearing scheduled in division _____ on _____
for: _____
Additional Comments from Intake: _____