

**San Mateo County Mental Health/Probation Services
Initial Referral for Screening for Veterans
Treatment Court**

Return to: Adult Probation, 400 County Center, 5th Floor
Redwood City, CA 94063
ATTN: Edmond Colin
Phone: (650)363-4705
FAX:(650-363-4829

"CONFIDENTIAL PATIENT INFORMATION:
See California Welfare and
Institutions Code Section 5328"

Veterans Treatment Court is a partnership of the San Mateo County Courts, Probation Department, District Attorney, Private Defender Program, Veterans Administration and Mental Health. Its purpose is to improve the outcomes for Veterans involved in the criminal justice system

The criteria for eligibility include:

- Must have a prior or current membership in the United States Military
- Must be eligible for Veteran's Administration benefits
- Have a diagnosis of Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), sexual trauma, substance abuse or other mental health issue that stems from military service.
- Must be eligible for probation
- As a result of current or past criminal activity, the Veteran must not be either a sex or gang registrant
- Must not have a current offense that involves death, great bodily injury, permanent disability or disfigurement and/or deemed to be a danger to the community.
- Voluntarily agree to participate in Veterans Treatment Court and follow the Veterans Court treatment pl

This form initiates a screen for participation in Veterans Treatment Court. Please complete the information below and return it to the Probation Dept. at the address listed above as soon as possible.

Follow up to this process can be done by contacting the individual's attorney.

Defendant's Name	Defendant's Attorney
Address, City, State Phone #	Attorney's Phone Number
Sheriff's I.D./Military ID number	Court Case #'s
Date of Birth	In custody: Yes <input type="checkbox"/> No <input type="checkbox"/>
Pending charges	Today's Date:

Referred by: _____
(please include name & phone number)

- Self report
- Family _____
- Veteran's administration
- Probation _____
- Mental Health. _____
- Defendant's Attorney _____
- Other _____

Reason for referral: _____

DO NOT WRITE BELOW THIS LINE

Attorney Name _____ Date _____

Releases of information and Application attached: Yes No