



West Michigan Regional Veterans' Treatment Court Referral Form

Referral Information

Referred By _____ Referral Source _____ Referral Date _____

Phone number _____ County: Allegan Van Buren Ottawa Other _____

Please fax completed form to the 57th District Court Attn: Carole Carr at 269-686-4642

Defendant Information

Name _____ Phone Number _____ DOB _____

Full SSN _____

Street Address _____ City _____ Zip Code _____

Branch of Service Marine Corps Army Navy Air Force Coast Guard National Guard

Discharge Status: Honorable General Other Than Honorable Bad Conduct Dishonorable

Total consecutive months served on active duty _____ Case Number _____

Charges leading to WMRVTC referral (all pending charges that lead to referral):

Misdemeanor or Felony Charge (Circle). Jail Recommendation: _____

Status of case: Last court date _____, type of hearing _____,

Next scheduled docket date _____ for _____

Plea Agreement (Write "NA" if there is not a plea agreement):

Prior Criminal History:

For VA use

Eligible

Ineligible

Comments:

For WMRVTC use

Approved

Denied

Comments: