

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

BLYTHE 265 N. Broadway, Blythe, CA 92225
 INDIO 46-200 Oasis St., Indio, CA 92201

MURRIETA 30755-D Auld Rd., Ste. 1226, Murrieta, CA 92563
 RIVERSIDE 4100 Main St., Riverside, CA 92501

RI-CR012

PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	FOR COURT USE ONLY NOT TO BE FILED or IMAGED
CASE NUMBER: _____	
VETERANS COURT PROGRAM REFERRAL	

Misdemeanor Felony Current Charge(s): _____

All Information is required: Complete sections A, B, C, and D. Fax or e-mail the completed form to Heather Wood:

Fax No: (951) 777-3716 E-mail: Heather.Wood@riverside.courts.ca.gov.

A. Identification Information (MANDATORY- To be completed by attorney):	
Client Name: _____	Client Phone No.: _____
Client Address: _____	
Attorney Name: _____ Attorney Phone No.: _____	
B. Referral Eligibility (MANDATORY- To be completed by attorney):	
Please check applicable boxes and enter the data requested.	
Is there a history of substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate substance(s) used and preference (1, 2, & 3): ___ Methamphetamines ___ Alcohol ___ Opiates ___ Marijuana ___ Cocaine ___ Other: _____ Branch of Service: <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Honorable Discharge <input type="checkbox"/> General Under Honorable Conditions <input type="checkbox"/> General Under Other Than Honorable Conditions <input type="checkbox"/> Dishonorable or Bad Conduct Discharge Service Start Date: _____ Service End Date: _____	DOB: _____ Social Security No.: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married or Domestic Partnership <input type="checkbox"/> Divorced # of children: _____ # of children living at home _____ Ages of children: _____ Educational Background: <input type="checkbox"/> High school <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Some college <input type="checkbox"/> Graduate degree <input type="checkbox"/> Associates degree <input type="checkbox"/> Vocational degree Living Situation: <input type="checkbox"/> Sober Living <input type="checkbox"/> Homeless <input type="checkbox"/> Own Home/Apartment <input type="checkbox"/> Other: _____ <input type="checkbox"/> With a Friend/Relative Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired

DEFENDANT: _____	CASE NUMBER: _____
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VETERANS COURT PROGRAM REFERRAL

<p>Have you ever been diagnosed with a service related condition? If yes, check all that apply:</p> <p><input type="checkbox"/> PTSD <input type="checkbox"/> Substance Abuse</p> <p><input type="checkbox"/> TBI <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Depression</p> <p>Are you eligible for VA benefits/services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you enrolled in either Medical or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any other type of health coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please indicate why veteran is being referred: _____</p> <p>_____</p> <p>_____</p>	<p>Race:</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian</p> <p><input type="checkbox"/> Other <input type="checkbox"/> White</p> <p><input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Other</p>
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C. Assessment: The Veteran will be contacted by a VA Justice Outreach Specialist before the eligibility hearing.

<p>If in custody, enter the facility and booking number:</p> <p>Facility: _____</p> <p>Booking Number: _____</p>	<p>If out of custody, enter the contact number below:</p> <p>Contact Information: _____</p>
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D. Veteran's Signature:

I understand that this information is intended to be used to screen me for eligibility for the Riverside County Veterans Court and does not guarantee my acceptance into the program. Furthermore, I understand that demographic information contained on this form (including race and ethnicity) will be used for statistical reporting purposes only and will not affect eligibility for the Veterans Court program.

Date: _____ Signature: _____

Eligibility Court Hearing: Please calendar your client's case within 7 days of the referral date in Veterans Court, held on Wednesdays (for odd case numbers) and Fridays (for even case numbers at 1:30 pm in Department 31 (RVC).