



**Seattle Municipal Court  
Veterans Treatment Court (VTC)  
Referral Form**

**SEND REFERRAL & DOCUMENTATION TO:**

**VeteransTreatmentCourt\_Team@Seattle.Gov**

DATE: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_ Phone #: \_\_\_\_\_

Defense Attorney Email: \_\_\_\_\_

Defendant's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN #: \_\_\_\_\_ B/A #: \_\_\_\_\_

Defendant's Address: \_\_\_\_\_

Defendant's Phone #: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children (Circle): (Y) / (N) Residing with you (Circle): (Y) / (N)

Housing Needed (Circle): (Y) / (N) Net Income: \_\_\_\_\_

Other Source of Income (Circle): SSI/SSDI/SSA VA MCS/ABD Retirement

Case Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

SMC Case #: \_\_\_\_\_ Charges: \_\_\_\_\_

Next scheduled hearing date, time, & location: \_\_\_\_\_ Hrg Type: \_\_\_\_\_

Other open SMC Cases: \_\_\_\_\_

Cases in Other Jurisdictions: \_\_\_\_\_

Custody Status: IN  OUT

Been convicted of a "Class A" felony or Strike Crime (circle): (Y) / (N)

If yes, what crime: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Years in Military Service: \_\_\_\_\_

Deployed To Combat Theater (Circle): (Y) / (N)

Utilized VA Services Before (Circle): (Y) / (N) If yes, what VA facility: \_\_\_\_\_

Character of discharge (Circle): Honorable / General / Other Than Honorable (OTH) / Bad Conduct Discharge (BCD) / Dishonorable Discharge (DD)

Note: Typically the attorney requesting the case be transferred to VTC completes this Referral Request. When completed, this Referral Request along with a signed Release of Information is emailed or faxed to the Court Liaison who reviews it & makes a recommendation to the VTC Judge. To facilitate this process please contact the Court Liaison by phone or email with any questions you have about your referral. The court liaison will inform you whether your case has been accepted into VTC for a look-see hearing.

Please provide this completed referral and the following information: (attach additional sheets as needed)

- SIGNED VTC Release of Information AND VA Release of Information
- A copy of the Incident Report
- A copy of Defendant's Criminal History
- Prosecutor's Sentence Recommendation \_\_\_\_\_
- Previous MH assessment/treatment (circle): (Yes) / (No) \_\_\_\_\_
- If yes, Provider name: \_\_\_\_\_ Established Axis 1 diagnosis: \_\_\_\_\_
- Contact names and phone numbers for other information (relatives, doctors, etc.) \_\_\_\_\_
- Brief explanation as to reason for referral \_\_\_\_\_