Referral To Seattle Municipal Court Veterans Treatment Court (VTC)

SEND REFERRAL & DOCUMENTATION TO:
Don McElderry, VTC COURT LIAISON
Email: Donald.McElderry@kingcounty.gov
Phone: 253-223-3690

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** _____

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