

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**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:	
	CASE NUMBER:

**VETERANS COURT PROGRAM REFERRAL FORM**

Misdemeanor       Felony

**All information is required:** Complete sections A, B, C, and D. Fax or email the completed form to Pamela Miller:

Fax No: (951)704-7568

Email: Pamela.Miller@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.

<p>Is there a history of substance abuse?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, check the primary drug of choice:</p> <table style="width:100%"><tr><td><input type="checkbox"/> Methamphetamines</td><td><input type="checkbox"/> Alcohol</td></tr><tr><td><input type="checkbox"/> Opiates</td><td><input type="checkbox"/> Marijuana</td></tr><tr><td><input type="checkbox"/> Cocaine</td><td><input type="checkbox"/> Other: _____</td></tr></table> <p>Military Information:</p> <table style="width:100%"><tr><td><input type="checkbox"/> Marines</td><td><input type="checkbox"/> Air Force</td></tr><tr><td><input type="checkbox"/> Army</td><td><input type="checkbox"/> Coast Guard</td></tr><tr><td><input type="checkbox"/> Navy</td><td></td></tr></table> <p><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</p> <p>Specific years served in military: _____</p>	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Opiates	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Marines	<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Navy		<p>DOB: _____ Social Security No.: _____</p> <p><input type="checkbox"/> Married      <input type="checkbox"/> Single      <input type="checkbox"/> Divorced <input type="checkbox"/> Male      <input type="checkbox"/> Female</p> <p>Ethnicity/Race: _____</p> <p>No. of children: _____ No. of children living at home: _____ Highest level of education: _____ Employed :      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Have you ever been diagnosed with a service related condition? If yes, check all that apply:</p> <table style="width:100%"><tr><td><input type="checkbox"/> PTSD</td><td><input type="checkbox"/> Substance Abuse</td></tr><tr><td><input type="checkbox"/> TBI</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td><input type="checkbox"/> Depression</td><td></td></tr></table>	<input type="checkbox"/> PTSD	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> TBI	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Depression	
<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> Alcohol																		
<input type="checkbox"/> Opiates	<input type="checkbox"/> Marijuana																		
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Other: _____																		
<input type="checkbox"/> Marines	<input type="checkbox"/> Air Force																		
<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard																		
<input type="checkbox"/> Navy																			
<input type="checkbox"/> PTSD	<input type="checkbox"/> Substance Abuse																		
<input type="checkbox"/> TBI	<input type="checkbox"/> Other: _____																		
<input type="checkbox"/> Depression																			

Please briefly indicate why this individual is being referred: \_\_\_\_\_

**C. Assessment: The Veteran will be contacted by a VA Justice Outreach Specialist before the eligibility hearing.**

If in custody, enter the facility and booking number:	If out of custody, enter the contact number below:
Facility: _____	Contact Information: _____
Booking Number: _____	

**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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Eligibility Court Hearing: Please schedule your client's case 7-14 days from the referral date in Veterans Court, held on Fridays at 1:30 p.m. in Department 31 (RVC).**