

COBB COUNTY VETERANS ACCOUNTABILITY AND TREATMENT COURT REFERRAL

Date: _____ Case No(s). _____ In Custody? (Circle one) YES / NO
If out of custody, Phone Number: _____ Email: _____
Defendant Name: _____ DOB: _____
Address: _____
Gender: (Circle one) Male / Female / Other _____

United States Military Service to include Reserves and National Guard:

Branch: _____

Dates Active: _____ Dates in Reserves: _____

Type of Discharge: () Honorable () General () Dishonorable () Bad Conduct () Other than Honorable () Entry Level Separation

Applied for the Department of Veterans Affairs (VA) benefits: ☐ Yes ☐ No

Were VA benefits approved: ☐ Yes ☐ No

Current Charge(s):

Attorney: _____ Phone: _____

Any Other Pending charges? (Include all felonies/misdemeanors, county, arresting agency, any additional info)

POTENTIALLY DISQUALIFYING CHARACTERISTICS *(check if applicable)*

- _____ Current Sex Offender (Actively on Sex Offender Registry) or Current Charge is a "Serious Violent Felony" as listed in O.C.G.A. 17-10-6.1 OR a "sexual offense" as listed in O.C.G.A. 17-10-6.2
- _____ No Cobb County Residence
- _____ Current charge(s) involve drug sales or possession with intent to distribute
- _____ Cognitive, functional, or medical condition that would prevent full participation in VATC
- _____ Currently in residential treatment or serving time in prison
- _____ New charge carries a minimum sentence of *less than* 3 years OR if probation violation, less than 3 years left on probation.

PRESUMPTIVE QUALIFYING CHARACTERISTICS

- _____ Did you serve in the United States Military to include National Guard and/or Reserves?
 - _____ Do you have a substance use and/or mental health issue?
 - _____ Willing to voluntarily enter the Veterans Accountability and Treatment Court program and follow all special conditions?
 - _____ Willing to complete a Veterans Accountability and Treatment Court application packet and/or undergo psychological testing?
 - _____ Currently resides (or will reside) in acceptable housing in Cobb County.
- **Defendant, through counsel, hereby requests that the VATC staff interview and assess Defendant to determine if eligible for the VATC program. ****

Defense Attorney *(signature)*

Print

****Please send all referrals to VetCourtApp@cobbcounty.org**

IMPORTANT: All Information obtained during the course of this preliminary intake and assessment will be kept confidential. None of the information will be used in any ongoing prosecution of a pending case or probation surrender. *Final determination about VATC eligibility will be decided after review of all relevant information. Please submit any additional information you would like considered along with this VATC Referral Form.