**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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.gov**](mailto:VetcourtApp@cobbcounty.gov)

**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.*