



Brown County
Treatment Alternatives and Diversion Programs
“Helping to put the pieces together for
building the bridge to success.”



Veterans Treatment Court

Referral Form – 3/24/22

Defendant’s Name: (Last) (First) (MI)

Case Number: Referral Date:

Social Security Number:
Defendant’s Current
Address:

Defendant’s Phone Number:

Branch of Military: Dates of Service:

Deployed overseas (locations):

Referred by (Name and title):

Dept./Agency:

Phone

E-mail Address:

Number:

Does Defendant meet eligibility criteria? (Please check each item.)

- Resident of Brown County at time of the offense
- 18 years or older.

One or more of the following:

- Charged with crimes related to heroin/opiate abuse.
- Charged with crimes to finance their substances abuse habit
- Charged with distribution of a controlled substance.

Check all that apply:

- Current offense is non-violent
- Has never been found guilty, nor had adjudication withheld for any violent felony offense as defined in 941.291(1)(b) or similar crimes in any state
- Defendant is competent and understands the legal proceeding
- Does not have prior/current sex offenses, stalking, arson, or kidnapping offenses.
- Defendant agrees to abide by the Veteran Treatment Court Program Rules and is willing to participate
- Defendant willing to address specific issues that resulted in criminal charges

The Veterans Treatment Court Team will consider prior criminal offenses, substance abuse history, present offense factors, and motivation to succeed in the program in making its eligibility determination.



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If there are any issues with the above listed criteria but you believe that the individual may still be eligible to participate please indicate below (attach separate sheet if necessary):

[Click here to enter text.](#)

Current Offense/Reason for Referral:

Prior Offense(s); include all misdemeanor and/or felony charges:

Individual currently in treatment? Yes No **If yes, where:**

Previously involved in treatment? Yes No

If yes, where/dates of attendance:

Please complete Release of Information for any current/previous providers.

Is individual presently on Probation? Yes No **If yes, where/name of agent:**

Any prior term(s) of Probation? Yes No

If yes, where/date(s)/offense(s) of supervision:

Does individual have insurance? Yes No **If yes, name of provider:**

Does individual have a valid driver's license? Yes No

Is individual employed? Yes No **If yes, where?:**

Was the individual honorably discharged? Yes No **If no, why?:**

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