

**YORK COUNTY COURT OF COMMON PLEAS
VETERANS WELLNESS COURT REFERRAL FORM**

DEFENDANT: _____ OTN/CR#: _____

ADDRESS: _____

DOB: _____ SS#: _____ TELEPHONE #: _____

CHARGES: _____ BAIL/YCP: (circle one)

VETERAN: Y / N ACTIVE COMBAT SERVICE: Y / N ARE YOU A PURPLE HEART RECIPIENT: Y / N

YEARS OF SERVICE: _____ to _____ SERVICE BRANCH _____ TYPE OF DISCHARGE _____

ARE YOU IN NEED OF INTERPRETER SERVICES: Y/N IF YES PLEASE SPECIFY LANGUAGE _____

DO YOU HAVE THE FOLLOWING?

HIGH SCHOOL DIPLOMA Y/N GED Y/N BIRTH CERTIFICATE Y/N PHOTO IDENTIFICATION Y/N

Presumptive Qualifying Characteristics.

_____ Defendant has drug and/or alcohol dependency

_____ Defendant has a mental illness (**Application must have professional diagnosis attached**)

Please process the "Wellness Court Referral Form" as follows:

1. Check all items above that apply to the applicant.
2. Attach copies of all pending criminal complaints and probable cause affidavits to the Veterans Court Referral Form.
3. Referral must be filed within 30 days of preliminary arraignment.
4. A time stamped copy needs to be given to the Clerk of Courts and the York County Adult Probation department 45 N. George St. York, PA 17401.
5. Any questions please call the VETS Court administrator at 717-771-9602.

Preparer's Name & Title: _____ Date: _____

List type of Drug/Alcohol Dependency and/or Type of mental illness: _____

FOR COURT USE ONLY:

_____ Eligible _____ Ineligible due to: _____

_____ Eligible outside guidelines due to: _____

(FORWARD TO THE WELLNESS COURT ADMINISTRATION)