

IN CUSTODY

NOT IN CUSTODY

**MACOMB COUNTY VETERANS' TREATMENT COURT**

INITIAL COURT SCREENING FOR ADMITTANCE TO VTC

REFERRAL FOR CONSIDERATION TO 16<sup>th</sup> CIRCUIT COURT VTC

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

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

Case No: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

DLN: \_\_\_\_\_

Assigned Judge: \_\_\_\_\_

Referring Court: \_\_\_\_\_

Offense and status: \_\_\_\_\_

APA / City Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_

**Next Court Date:** \_\_\_\_\_

The VTC will notify the Court whether or not the defendant has been accepted into the program prior to the next scheduled court date.

Referral approved by:

Judge: \_\_\_\_\_

\_\_\_\_\_  
Judge's Signature

APA/City Attorney: \_\_\_\_\_

\_\_\_\_\_  
Prosecutor / City Attorney Signature

