

**San Mateo County Mental Health/Probation Services  
Initial Referral for Screening for Veterans  
Treatment Court**

**Return to:** Adult Probation, 400 County Center, 5<sup>th</sup> Floor  
Redwood City, CA 94063  
ATTN: Michael Leon  
FAX: (650) 363-4829

"CONFIDENTIAL PATIENT INFORMATION:  
See California Welfare and  
Institutions Code Section 5328"

Veterans Treatment Court is a partnership of the San Mateo County Courts, Probation Department, District Attorney, Private Defender Program, Veterans Administration and Mental Health. Its purpose is to improve the outcomes for Veterans involved in the criminal justice system

The criteria for eligibility include:

- Must have a prior or current membership in the United States Military
- Must be eligible for Veteran's Administration benefits
- Have a diagnosis of Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), sexual trauma, substance abuse or other mental health issue that stems from military service.
- Must be eligible for probation
- Must not have a current offense that involves death, great bodily injury, permanent disability or disfigurement and/or deemed to be a danger to the community.
- Voluntarily agree to participate in Veterans Treatment Court and follow the Veterans Court treatment plan.

This form initiates a screen for participation in Veterans Treatment Court. Please complete the information below and return it to the Probation Dept. at the address listed above as soon as possible.

Follow up to this process can be done by contacting the individual's attorney.

Defendant's Name	Defendant's Attorney
Address, City, State      Phone #	Attorney's Phone Number
Sheriff's I.D./Military ID number	Court Case #'s
Date of Birth	In custody: Yes <input type="checkbox"/> No <input type="checkbox"/>
Pending charges	Today's Date:

Referred by: \_\_\_\_\_  
(please include name & phone number)

- Self report
- Family \_\_\_\_\_
- Veteran's administration
- Probation \_\_\_\_\_
- Mental Health. \_\_\_\_\_
- Defendant's Attorney \_\_\_\_\_
- Other \_\_\_\_\_

Reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Attorney Name \_\_\_\_\_ Date \_\_\_\_\_

Releases of information and Application attached:      Yes  No