

**REQUEST FOR SCREENING FOR VETERANS' COURT\*\***

**\*\*REQUIREMENT:** Defendant's attorney needs to provide client's DD-214 to the State Attorney in order to start the referral process.

Date of Request: \_\_\_\_\_ Attorney: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

DEFENDANT IN CUSTODY? \_\_\_\_\_ YES; \_\_\_\_\_ NO

Judge/Docket: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

Case Number(s): \_\_\_\_\_ Charges: \_\_\_\_\_

Scoresheet Points (if available): \_\_\_\_\_

HERNANDO County address: \_\_\_\_\_

Name of Adult Contact at residence: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Names of Other People Defendant will reside with: \_\_\_\_\_ Telephone/Cell Phone Nos. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Drug(s) of Choice: \_\_\_\_\_ Length of Addiction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current MEDICATIONS:** \_\_\_\_\_

(Defendants currently on Methadone Maintenance or Suboxone are not eligible.)

Any Pending OPEN charges in other counties? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES" please list:

CHARGE(S): \_\_\_\_\_ COUNTY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy sent to: ( ) State Attorney ( ) Court Coordinator

screening\_Vet