



## REFERRAL FORM

Thank you for your interest in the Western Massachusetts Veterans Treatment Court. Please fill out this form completely (including the required signatures of your attorney and the ADA or Probation Officer involved in the case) and fax it to the number listed below. A team member will then contact you to set up an intake appointment.

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_

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

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Current Charge(s): \_\_\_\_\_

Court: \_\_\_\_\_ Docket #: \_\_\_\_\_ Next Date: \_\_\_\_\_

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

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

ADA: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Veteran

\_\_\_\_\_  
Signature of ADA or Probation Officer

\_\_\_\_\_  
Signature of Attorney

**Please check this box to give us permission to contact your client directly**

*Any and all information obtained during the course of this preliminary intake and assessment will be kept confidential. None of the information will be used in any ongoing prosecution of a pending case or probation surrender.*

**Fax this form to 413-535-2152- Attention: Sean McBride**

**or Email @ [sean.mcbride@jud.state.ma.us](mailto:sean.mcbride@jud.state.ma.us)**