



BOSTON VETERANS TREATMENT COURT

<input type="checkbox"/> Held in custody.
<input type="checkbox"/> Not in custody.

DATE: _____

REFERRAL FORM

Thank you for your interest in the Boston Veterans Treatment Court (BVTC). Please fill out this form completely (including the required signatures of your attorney and the ADA or Probation Officer involved in the case) and submit or **FAX**, **(617) 788-8432**, to BVTC Team Coordinator Geraldine Jurczak or Probation Officer Jonathan Izzo at the Boston Municipal Court Central Division. A team member will then contact you to set up an intake appointment.

Name: _____ DOB: _____ SS# _____

Address: _____ Phone: _____

Branch of Service: _____ Dates of Service: _____

Current Charge(s): _____

Court: _____ Docket #: _____ Next Date: _____

Attorney: _____ Phone: _____

Probation Officer: _____ Phone: _____

ADA: _____ 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.

**You must report on Wednesday to the Edward W. Brooke Courthouse, 24
New Chardon St., Boston, MA 02114,
Courtroom 12 at 10:00 a.m.**