



COMMONWEALTH OF MASSACHUSETTS

Trial Court of the Commonwealth
District Court Department
Framingham/Natick Veterans Treatment Court

VETERANS TREATMENT COURT REFFERAL FORM

Date: ___/___/___

Justice Michael Fabbri
ACPO Brian Torpey(508)875-7461

Name: _____ D.O.B.: ___/___/___ SS#: ___ - ___ - ___

Address: _____ Phone #: _____

Branch of Service: _____ Dates of Service: _____

Current Charge(s): _____ Next Court Date: _____

Court: _____ Docket #: _____

Attorney Name: _____ 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**

Please fax/email referral form along with any recent treatment information to Jennifer McCarthy
at 857-330-7093 or Jennifer.mccarthy@jud.state.ma.us.