



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: _____

Attorney E-Mail Address: _____ ****This field is required****

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: Kelly Avard

or Email to kelly.avard@jud.state.ma.us