

**PIERCE COUNTY DISTRICT COURT
VETERANS TREATMENT COURT
REFERRAL FORM**

Submitted by: _____ Date: _____

Defendant Name: _____ Case #(s): _____

Phone Number: _____ Last 4 of SS #: _____

Current Offense(s): _____

Military Branch: _____ Type of Discharge: _____

Enlisted or Commissioned Date: _____ Discharge Date: _____ Active

Rank at Discharge: _____ Currently Enrolled in Services at VA?: Yes No

Form DD214, Certificate of Release or Discharge from Active Duty, provided? Yes No

If no, has it been ordered? Yes No

Combat Deployment: Yes No If yes, please provide conflict era and dates served for each:

Current/Past Substance Use Diagnosis: Yes No Valid Driver License: Yes No

Mental Health Diagnosis: Yes No Currently Employed: Yes No

Custody of Child(ren): Yes No (mark 'No' if you do not have custody of at least one child)

If no custody, do you have visitation? Yes No

Highest education attained: Less than high school Some High school HS Diploma GED

Some College Associates Bachelors Masters Trade School

Housing Status: Homeless Living with Friends Living with Family Living Alone

Sober Living House Residential Treatment Facility Hotel/Motel

Own/Rent Basic Allowance for Housing Housing Subsidy

Please submit form to:
Pierce County District Court
Attn: VTC Coordinator
930 Tacoma Avenue S, Rm 239
Tacoma, WA 98402
Phone: (253) 798-3456 | Fax: (253) 798-6310
Email: PCDCTC@piercecountywa.gov