Veterans Treatment Court Tulsa County District Court REFERRAL FORM Please Print Legibly

CLIENT INFORMATION		
Full Legal Name:		
A/K/A:		
Currently in Custody? Y N	DLM #	DOC#
Street Address:		
City:	States	Zip Code:
	Cell Phone/Other: () –
ives With/Relationship:	• ·	
Emergency Contact/Relationship:		
-lome Phone: _ ()	Cell Phone/Other: ()
DINGINAL INCOMATION		
Attorney Name:	Phone:	
Current Charge(s):		_ Case No:
	· · · · · · · · · · · · · · · · · · ·	_ Case No:
		_ Case No:
client receiving substance abuse treatment as client received prior substance abuse trea client receiving mental health treatment nov as client received prior mental health treatm	tment? Y N If ye	es, agency: es, agency: es, agency: es, agency:
iagnosis:		
as client previously been prescribed medicati	on?Y N If yes, p	blease list:
-	4.	
	-	
INT MANYED INFORMATION		
JENT WAIVER INFORMATION vish to apply to the Tulsa County Veterans Tra	eatment Court.	
is to apply to the rusa county veteralis in	eatment Court.	
fendant/Client Signature	Date:	
renuanty Cilent Signature		
ease complete BOTH sides and return co	Matt Stin Phone: (9	Treatment Court er, Coordinator 118)588-8414 Fax: (918) 588-8430 att.stiner@tulsadrugcourt.com

Veterans Treatment Court Tulsa County District Court REFERRAL FORM		
Age: Gender:MaleFemale		
Marital Status:SingleMarriedDivorcedWidowed		
Are you Native American?YN If yes, what tribe?		
MILITARY SERVICE		
Branch of Service:		
Army Navy Marines Air Force Coast Guard Reserve		
Air National Guard Army National Guard		
Dates of Service:		
From To		
Type of Discharge:		
Have you served in a combat zone?YN		
If yes, where did you serve?		
Do you receive services from the US Department of Veterans Affairs?YN		
EDUCATION		
High School DiplomaGEDCollege GraduateVocational Training		