



REFERRAL FOR BOZEMAN VETERAN ELIGIBLE TREATMENT SERVICES (V.E.T.S.) COURT

Date: _____

Name of referring person: _____ Phone: _____

Email: _____

.....
Defendant Name (include any alias): _____

DOB: _____ Contact Phone #: _____

Docket #'s being referred: _____

.....
Prosecutor: _____ Next Court Date: _____

Phone: _____ email: _____

Has been contacted. Is in favor of the referral to Vet's Court.

Has not been contacted.

.....
Defense Attorney _____

Phone _____ email _____

Has been contacted. Is in favor of the referral to Vet's Court.

Has not been contacted.

.....
Referral made by: Defense Attorney Prosecuting Attorney

Department of Corrections Self-Referral VA Referral

Other: _____

Type of Charge: New Offense
 Probation Violation
 Conditional Release

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