DATE: ______________

SUBMIT REFERRAL TO:
Veterans Treatment Program
4101 Juarez St.
Laredo, TX 78040 956.523.4766
VTPSouthTX@webbcountytx.gov

VETERAN TREATMENT PROGRAM REFERRAL FORM

CHECK ONE: ☐ Duval Co. ☐ Jim Hogg Co. ☐ Jim Wells Co. ☐ Starr Co. ☐ Webb Co. ☐ Zapata Co.

Defendant's Name: ______________________________ Gender: ___ Race: ___ DOB: ____________

Address: ______________________ Phone: ______________ Email: ____________________

______________________ Social Security No.: ____________________

Is Defendant currently incarcerated? ☐ Yes ☐ No
Booking Number: ____________________
SID ______________ SO ______________

Is Defendant released on bond? ☐ Yes ☐ No
Bonding Company: ____________________
TRAS number (if applicable) ____________

List Offense(s): **Cause No:**

______________________ ______________________
This offense is (check one): ☐*pending filing;* ☐*filed, pending plea;* ☐*a conviction, pending revocation*

______________________ ______________________
This offense is (check one): ☐*pending filing;* ☐*filed, pending plea;* ☐*a conviction, pending revocation*

______________________ ______________________
This offense is (check one): ☐*pending filing;* ☐*filed, pending plea;* ☐*a conviction, pending revocation*

SUBMITTED BY: ______________________ **Date:** ______________ Phone: ______________

*********ACCEPTANCE CONSIDERED SOLELY FOR ABOVE LISTED OFFFENSE(S); IF OTHERS, SEPARATE APPLICATION NECESSARY*********

ADA Assigned: ______________________
Phone No.: ______________________

Defense Attorney ______________________
Phone No.: ______________________

Defendant must be: **Age 17 or older at time of above offense(s), a participating county resident, addicted to/dependent on drugs and/or alcohol, mentally and physically capable of participating in an intensive outpatient program and not presently charged with committing an offense(s) involving a weapon or resulting in serious bodily injury.** Considering the eligibility criteria, are you aware of any disqualifying circumstances? ☐ Yes ☐ No. If yes, briefly explain:

____

____

** ***OFFICE USE ONLY*** **

Defendant is: ☐ Cleared ☐ Cleared as condition of probation ☐ Court Ordered ☐ Not Accepted ☐ Refused ☐ UTL

Reasoning/Office Notes: ____

____

PARTICIPATION AUTHORIZED BY: ______________________ **Signature:** ______________
(Print Name: First MI Last)

Office/Title: ______________________________ **Date:** ______________

Referral No. ______________ **Received Date:** ______________ Updated 11/2024