

DATE: _____



SUBMIT REFERRAL TO:
VTP Director
4101 Juarez St.
Laredo, TX 78040
956.523.4958
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

Is Defendant released on bond? Yes No

Booking Number: _____

Bonding Company: _____

SID _____ SO _____

Cause No. _____ Dist Court: _____

List Offense(s):

_____ *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 OFFENSE(S); IF OTHERS, SEPARATE APPLICATION NECESSARY*****

ADA Assigned: _____ Defense Attorney _____

Phone No.: _____ 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: _____