**Washtenaw Veterans Treatment Court**

**Referral Information**

Thank you for your interest in the Washtenaw County Veterans Treatment Court located at the 15th District Court in Ann Arbor. In order to efficiently respond to your request for a defendant’s participation in the court, we need the following referral information in order to begin the eligibility assessment for each prospective participant. In order to consider a transfer, please include:

1. The attached referral form signed by the defendant, judge, and prosecutor;
2. A copy of the pertinent police report;
3. Any PSI’s and all available mental health and substance use assessments;
4. Register of action for case(s) being transferred; and
5. Probation contract or notice the defendant has not been sentenced.

Once it is determined that a defendant is legally and clinically eligible to participate in the Veterans Treatment Court, the transferring court sentences the defendant and transfers supervision of the defendant’s probation to the 15th District Court, where Judge Karen Quinlan Valvo presides over the Veterans Treatment Court. Credit for fines and costs assessed by the transferring court remain with the transferring court. Probation costs and related fees will be assessed and paid to the 15th District Court.

Please note, the Veterans Treatment Court cannot accept as participants, any defendants who are violent offenders as defined in MCL 600.1200(d); domestic violence offenders as defined in MCL 600.1200(m); or those who are charged with or convicted of criminal sexual conduct in any degree.

Thank you again for your interest. If you have any questions or concerns, please feel free to contact me through the information shown below.

Sincerely,

**Paul D. Graveline**

Specialty Court Coordinator

15th Judicial District Court

301 E. Huron St.

Ann Arbor, MI 48107

Telephone (734) 794-6761, x47542

Fax (734) 794-6762

[PGraveline@a2gov.org](mailto:PGraveline@a2gov.org)

**Veterans Treatment Court Contact Information**

**Paul D. Graveline, Court Coordinator: (734) 794-6761 x47542**

**Rebecca Elder, Court Probation Officer: (734) 794-6761 x47537**

**Fax: (734) 794-6762**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REFERRING COURT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEFENDANT INFORMATION**

**LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CASE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_**

**CURRENTLY INCARCERATED: WCJ\_\_\_\_\_\_\_\_ OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHARGE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTORNEY’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTORNEY’S CONTACT INFO (Phone and/or email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEXT COURT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERRING COURT**

Completion of this form does not guarantee acceptance into the Washtenaw County Veteran’s Treatment Court. The referring court must fax this sheet to the 15th District Probation Department, (734)794-6762 C/O Paul Graveline, to begin the screening process. Along with this form, the information listed on the introductory letter must also be included.

REFERRING JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

REFERRING PROSECUTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accepted: \_\_\_\_\_\_\_ Not Accepted: \_\_\_\_\_\_\_ Initialed: \_\_\_\_\_\_\_\_\_\_\_

Reason Not Accepted: Legal Eligibility \_\_\_\_\_\_\_ Clinical Eligibility\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarded to referring court on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEFENDANT**

You have been referred for screening with the Washtenaw County Veteran’s Treatment Court (VTC) located in the 15th District Court Probation Department, 301 E. Huron St., Ann Arbor.

Admission to the Veterans Treatment Court Program is a privilege, not a right. Participants must demonstrate a commitment to the program and to their recovery. The program requires discipline and hard work in order to be successful.

In addition to the bond conditions set by the presiding judge you must also comply with the following conditions:

* **Contact the 15th District Court Probation Clerk at (734) 794-6761 x47541, within 24 hours (between 8 AM - 4 PM / Monday through Friday) to arrange an appointment for an intake interview.**
* **Provide a copy of your DD214** **at the time of your interview.**
* **Submit to a pre-admission screening, mental health assessment, and substance abuse assessment as directed by the VTC Coordinator and/or the VTC Probation Officer.**

**Based on the information gathered during the interview and subsequent assessments, a determination will be made regarding your entry into the Court. Notification will be sent to the referring court, your defense attorney, and the prosecuting attorney.**

I agree to the above terms as part of my consideration for entry into Washtenaw County Veteran’s Treatment Court.

**DEFENDANT’S PRINTED NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEFENDANT'S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_