



STATE OF MICHIGAN

## FIFTEENTH JUDICIAL DISTRICT COURT

301 E. Huron St., P.O. Box 8650, Ann Arbor, MI 48107-8650

### Washtenaw County Veterans Treatment Court Referral Information

Thank you for your interest in the Washtenaw County Veterans Treatment Court (VTC), located at the 15<sup>th</sup> District Court in Ann Arbor. To efficiently respond to your request for a defendant's participation in the court, please complete the enclosed referral form 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. Any PSI's and all available mental health and substance use assessments.

***NOTE: The VTC cannot accept 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. The VTC cannot accept defendants unless felony charges have been or anticipated to be reduced to misdemeanors. All recommendations for acceptance/denial are at the discretion of the Court.***

Once it is determined that a defendant is legally and clinically eligible to participate in the VTC, the transferring court sentences the defendant and transfers supervision of the defendant's probation to the 15<sup>th</sup> District Court. Credit for fines and costs and related fees will be assessed and paid to the 15<sup>th</sup> District Court.

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

Sincerely,

***Karen Finney***

Specialty Court Coordinator  
15<sup>th</sup> Judicial District Court  
301 E. Huron St.  
Ann Arbor, MI 48107  
Phone: (734) 794-6764 x47621  
Fax: (734) 794-6762



# FIFTEENTH JUDICIAL DISTRICT COURT

301 E. Huron St., P.O. Box 8650, Ann Arbor, MI 48107-8650  
Veterans Treatment Court Office: (734) 794-6761 x47542

Rebecca Elder - Probation Officer: (734) 794-6761 x47537 Fax: (734) 794-6762

STATE OF MICHIGAN

REFERRING COURT: \_\_\_\_\_

## DEFENDANT INFORMATION

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

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

DOB: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

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

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

Defense Attorney's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Info (Phone / email): \_\_\_\_\_

## REFERRING COURT

Completion of this form does not guarantee acceptance into the Washtenaw County Veterans Treatment Court. **The referring court must fax (734) 794-6762 this sheet to the 15<sup>th</sup> District Probation Department, Attn: Karen Finney, or email to [Kfinney@a2gov.org](mailto:Kfinney@a2gov.org)** to begin the screening process. Along with this form, any PSI's and any available mental health and/or substance use assessments should also be included.

Referring Judge's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Referring Prosecutor's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Accepted: \_\_\_\_\_ Accepted: \_\_\_\_\_ Initialed: \_\_\_\_\_

Not Accepted: Defendant did not meet: \_\_\_\_\_ Legal Eligibility \_\_\_\_\_ Clinical Eligibility

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



# FIFTEENTH JUDICIAL DISTRICT COURT

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ST. DEFENDANT

You have been referred for screening with the Washtenaw County Veterans Treatment Court (VTC) located in the 15<sup>th</sup> District Court Probation Department, 301 E. Huron St., Ann Arbor.

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

- **Contact the 15<sup>th</sup> 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.**
- **Submit to a pre-admission screening and mental health 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 Veterans Court.

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

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

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