



CHESTER COUNTY VETERANS COURT REFERRAL FORM

CLIENT INFORMATION

Client's Name:	Date: / /20
Date of Birth: / /	SS#: - -
Currently in Chester County Prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of admittance: ____/____/____	
OTN(s): Case Number(s):	Home Phone: - - Cell Phone: - - Email address:
Current Criminal Charges:	Is the client currently on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SERVICE HISTORY

Which Branch(es) of the Armed Forces did you Serve? <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve <input type="checkbox"/> Air Force <input type="checkbox"/> Air National Guard <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Other – Specify _____	When did you first enter the Armed Forces? Month: Year: When were you last discharged? Month: Year: How long did you serve in the Armed Forces? # Years: # Months: # Days: What was your MOS?
What type of Discharge did you receive? <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct	
Have you ever served in any capacity in a combat zone or theater? <input type="checkbox"/> No <input type="checkbox"/> Yes, where:	Have you ever stationed or deployed outside the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes, where:
Have you ever been awarded an overseas deployment badge or ribbon? <input type="checkbox"/> No <input type="checkbox"/> Yes, when:	Have you ever received services at the VA Hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes, where:

REFERRAL AND ATTORNEY INFORMATION

Referral Source: (Name & Agency if applicable):	Relationship to Client:
Referral Source Phone Number:	Referral email address:
Attorney Name (if not referral source):	
Attorney Phone Number:	Attorney email address:

REFERRAL FORM, CLIENT'S DD-214 FORM, AND CRIMINAL COMPLAINT(S) SHOULD BE SENT TO:

Chester County Pretrial Services
FAX: 610-344-6524
 Phone: 610-344-6886
 201 West Market Street, Suite 2300, West Chester, PA 19380