



CUYAHOGA COUNTY COMMON PLEAS COURT

VETERANS TREATMENT COURT REFERRAL

Please Send Referrals To:

Gary Kopchak
Veterans Treatment Court Coordinator
Justice Center- 4th Fl.
1200 Ontario Street
Cleveland, OH 44113
P: (216) 443.8484
F: (216) 443.3512
E: gkopchak@cuyahogacounty.gov

Please Indicate Referral Source Information:

Name: _____
Agency: _____
Phone: _____ Fax: _____
Date of Referral: _____
Email: _____

To be completed by the referral source (please provide information as known)

Defendant's Name: _____ Date of Birth: _____
Gender: _____ Race: _____ Phone(s): _____
Current Address: _____
Probation ID: _____ Case Number(s): _____
Charges: _____
ORAS (if known): _____

Please attach DD214/NGB22, if available

Has Defendant ever served in the Military? Active Duty Reserves National Guard
Branch: Army Marines Navy Air Force Coast Guard
Dates of service: _____ Type of Discharge: _____
Deployed? Yes No If yes, when and where? _____
While deployed, was Defendant ever involved in combat, or did Defendant ever receive hazard pay? Yes No
Does Defendant have a diagnosed mental health illness/disorder? Yes No Referred to Court Psych Clinic (date) _____
Known Diagnosis: _____
Is Defendant currently receiving mental health services? Yes No Unknown
If yes, where: _____
Does Defendant have a history of, or is currently abusing substances? Yes Considered for ILC Referred for TASC assessment (date) _____
 Alcohol Drugs: (Type) _____

PLEASE NOTE that this court will not accept sex offenses or gang-related offenses.