



CUYAHOGA COUNTY COMMON PLEAS COURT

VETERANS TREATMENT COURT REFERRAL

Please Send Referrals To:

Amanda Wozniak-Woodruff
Veterans Treatment Court Coordinator
Marion Building
1276 West 3rd Street
Cleveland, OH 44113
P: (216) 443.8484
F: (216) 443.3512
E: awoodruff@cuyahogacounty.us

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: _____

Probation ID: _____ **Case #:** _____

Charges: _____

_____ **ORAS (if known):** _____

Date of Birth: _____ **Gender:** _____ **Race:** _____

Current Address: _____ **Phone:** _____

Has Defendant ever served in the Military? Yes No

Branch: Army Navy Marines Air Force Coast Guard

Does Defendant have a diagnosed mental illness or disorder? Yes No

Known Diagnosis: _____

Is Defendant currently receiving mental health services? Yes No Unknown

Is Defendant affected by a traumatic event, military or non- military related? Yes No Unknown

Explain: _____

Does Defendant have a history of, or is currently abusing substances? Yes No Unknown

Alcohol Drugs: (Type) _____