

KOOTENAI COUNTY VETERANS COURT REFERRAL/APPLICATION

Please email this completed form along with any collateral to: wwinters@kootenai.idcourts.net

Referral Date:
Case Number(s):
Client Name:
Date of Birth:
Phone Number (s)
Attorney Making Request:
Judge / Next Hearing Date:
Resident of KC (Y/N) <i>Must be resident of KC, verify address of residence:</i>
Describe current housing situation or plan for stable housing:
In / Out of Custody:
Most Recent LSI Score (last 12 months):
PSI, Mental Health or Substance Abuse Assessment recently completed? Y/N
Probation Officer:
Any mental health diagnosis or prior hospitalizations? Taking psychotropic medication?
Brief Explanation as to why you are referring? Has the State made an offer? Y/N
Other Pending Holds and/or Probation Violation(s):
Are you currently receiving VA services? Y/N Do you have a copy of your DD-214? Y/N
Valid DL / Access to Transportation Y/N
Funding Source (Medicaid) / Active or Not Active
Medicaid #

REQUEST TO BE SCREENED

I understand I have to be a resident of Kootenai County in order to participate in Kootenai County Veterans Court. Set forth the address you are residing at or the address that you will reside at once you are released from custody:

_____.

_____ I am not *currently charged (in any State)* with a felony crime of violence or a felony crime for which it is alleged I used either a firearm or a deadly weapon or instrument.

_____ I have not pled, been adjudicated, or found guilty of a felony crime of violence or a felony crime in which I used either a firearm or a deadly weapon or instrument in the State of Idaho or any other State.

IF YOU ANSWER YES TO ANY OF THE ABOVE, PLEASE LIST BELOW THE STATE(S) IN WHICH THE OFFENSE TOOK PLACE AND APPROXIMATE DATE OF THE OFFENSE:

Case Number(s):

Charge(s):

_____ I am not currently charged with, nor have I pled or been found guilty of, a felony in which the person committed, attempted to commit, conspired to commit, or intended to commit a sex offense, in the State of Idaho or any other State.

Name: _____

Date: _____