



**STATE OF FLORIDA**  
**FIFTH JUDICIAL CIRCUIT**  
**ADMINISTRATIVE OFFICE OF THE COURTS**  
 CITRUS, HERNANDO, LAKE, MARION, AND SUMTER  
 COUNTIES



**REQUEST FOR SCREENING FOR VETERAN'S TREATMENT COURT**

**Requirement: Defendant's attorney needs to provide client's *DD-214* to the State Attorney to start the referral process.**

Source of Referral: \_\_\_\_\_ Screening Date: \_\_\_\_\_ Custody: Yes or No

Defendant's Name: \_\_\_\_\_ Attorney: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: Male or Female SS#: \_\_\_\_\_

Defendant's phone number: \_\_\_\_\_ Defendant's email address: \_\_\_\_\_

Defendant's physical address: \_\_\_\_\_

Defendant's mailing address (if different than physical): \_\_\_\_\_

Charge(s): \_\_\_\_\_

Score Sheet Points: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

Does Defendant have health insurance?  Yes, Private  Yes, Medicaid  Yes, Medicare  No, Uninsured

DL State: \_\_\_\_\_ DL Number: \_\_\_\_\_ DL Status: \_\_\_\_\_

Name of Adult Contact at residence: \_\_\_\_\_ Relationship: \_\_\_\_\_

Adult Contact's phone number: \_\_\_\_\_

Mental Health Diagnosis:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Medication(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Any Out of County Charges: Yes or No, If so which county: \_\_\_\_\_

Copy sent to:  State Attorney  Treatment Court Coordinator  
 Check if Received:  Application  Dispo