

Bartholomew County Veteran's Treatment Court

Referral Form

Current Cause Number: _____

Name of Candidate: _____

Date of Birth: _____

Last 4 of SSN: _____

Address: _____

Phone Number: _____

Current Attorney: _____

Referred by: _____

Offense/Level: _____

Branch of Service: _____

Years of Service: _____

Date of Referral: _____

Briefly describe why you feel this person would be a good candidate for Veteran's Treatment Court:

Please attach a chronological case summary, if available, and any orders that have been issued by any other court.

****Submit referrals to Veteran's Treatment Court Coordinator/ Chief Probation Officer Brad Barnes via email to bbarnes@bartholomew.in.gov, or drop off in person at the Bartholomew County Court Services Center, Attn: Brad Barnes, 507 3rd Street, Columbus, Indiana 47201.**