



VIGO COUNTY VETERANS COURT REFERRAL FORM

Return Completed Referrals to Veterans Court Coordinator:
veterans.court@vigocounty.in.gov
653 Ohio Street Terre Haute, 47807
Office Number: 812-231-4459

DEFENDANT: _____ AGE: _____ M: ___ F: ___

ADDRESS: _____ City: _____ State: ___ Zip Code: _____

Telephone Number: (____) ____ - _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Attorney Information:

Name of Attorney _____

Telephone Number: (____) ____ - _____

Email Address (if known) _____

Have you served/do you currently serve in the U.S. Military? Yes ___ No ___

Please list all current charges, courts and/or cause numbers:

Do you have, or have ever had, a drug and/or alcohol problem, depression, PTSD, bipolar disorder, traumatic brain injury, anxiety, etc.? Yes ___ No ___

If yes, please list:
