

COURT OF COMMON PLEAS OF WESTMORELAND COUNTY  
VETERANS COURT REFERRAL FORM

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_ PHONE NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MDJ: \_\_\_\_\_ OTN: \_\_\_\_\_ CHARGES: \_\_\_\_\_

PROPOSED TRACK: \_\_\_\_\_ PRETRIAL DIVERSION \_\_\_\_\_ PLEA \_\_\_\_\_

DEFENSE COUNSEL: \_\_\_\_\_ PHONE NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CONSENTING ADA SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MILITARY SERVICE BRANCH: \_\_\_\_\_ DISCHARGE TYPE/DATE: \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ COMBAT SERVICE: YES NO

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CURRENTLY ENROLLED IN VA HEALTHCARE? YES NO

ARE YOU ELIGIBLE FOR VA HEALTH CARE? YES NO UNKNOWN

CURRENT EMPLOYER and ADDRESS: \_\_\_\_\_

IF UNEMPLOYED, HOW ARE YOU SUPPORTED? \_\_\_\_\_

ACKNOWLEDGEMENT:

I HEREBY ACKNOWLEDGE THAT IF I AM ACCEPTED AS A VETERANS COURT PARTICIPANT, I AGREE TO FOLLOW ALL CONDITIONS IMPOSED BY THE COURT AS A RESULT OF MY ACCEPTANCE. I FURTHER UNDERSTAND THE POTENTIAL PENALTIES INVOLVED IF I SHOULD BE REMOVED FROM PARTICIPATION IN VETERANS COURT.

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I understand that I have the right to a preliminary hearing today. I understand I am requesting a continuance of preliminary hearing so the I may be considered for admission into Westmoreland County Veterans Court Program. I understand that I have a right to a speedy trial under Rule 600 of the PA Rules of Criminal Procedure, which says that the Commonwealth must exercise due diligence to bring me to trial within 365 days of the date the charges were filed, excluding any time that I may have postponed the case. I understand that any delay caused by this continuance due to my application and assessment for Veterans Court will be attributable to me, and not against the Commonwealth, for purposes of my speedy trial rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form must be completed in full by the applicant or the applicant's counsel immediately after reaching an agreement that calls for participation in Veterans Court. Consent for participation must be obtained from the assigned Assistant District Attorney before the application will be considered. Please attach proof of military service such as a copy of a DD 214 or proof of current Veteran Status as a copy of a DOD ID or VA Healthcare ID.

**Email or FAX the completed form to the Veterans Court Coordinator:**

- Stacey Long
- [slong@co.westmoreland.pa.us](mailto:slong@co.westmoreland.pa.us)
- FAX to 724-830-3120.
- Questions can be addressed at the email listed above or by calling 724-830-3703.