

Problem-Solving Court Referral Form

Mental Health Court / Veteran's Court
Kate Vozar, LPC, Problem-Solving Courts Manager
61. East Main Street
Uniontown, Pa 15401
Phone - (724) 430-4845 Fax - (724) 430-1001

Date of Referral: _____ Housing Needs? Yes No

Defendant's Name: _____ DOB: ____/____/____

Gender: M F Race: _____ Social Security Number: _____-_____-_____

Fayette County Prison? Yes No If yes, Date of Admittance: ____/____/____

If not in FCP, where does client reside? (Address) _____

_____ Phone Number: _____

Criminal Charge(s): _____

Case #(s) _____

Trial Status: Preliminary Hearing Formal Arraignment Pre-trial Conference Trial Date: _____

Is client currently receiving treatment? Y N If yes, where: _____

Alleged Mental Health Diagnosis: _____

Drug and Alcohol Use: Y N

Referral Source: _____ Referral Source Phone #: _____

Branch of Service (if applicable): _____ Length of Service: _____

Type of Discharge: _____

History of VA services: _____

I wish to be considered for the Fayette County Problem-Solving Court Program.

Defendant's Signature: _____ Date: _____

Defense Counsel Signature: _____ Date: _____

District Attorney Signature: _____ Date: _____

Treatment Court Coordinator: _____ Date: _____

Defendant is: Accepted Declined Reason: _____