

**KING COUNTY DISTRICT COURT REGIONAL MENTAL HEALTH COURT
REFERRAL TO REGIONAL VETERANS COURT (RVC)
For City Prosecutors**

Email this form with a complete copy of discovery to: paomhc@kingcounty.gov

Date Referred: _____

Referring Jurisdiction: _____ Case Number: _____

Charge(s): _____

Defendant Name: _____ DOB: _____

of Days In Custody at time of referral: _____

Defendant's Current Location:

In Custody at _____; transport contact _____

Out of Custody (Please provide):

Address: _____

Phone Number: _____

Contact Information:

City Prosecutor: _____ Phone: _____

Email: _____

Prosecutor's Sentence Recommendation _____

City Defense Attorney: _____ Phone: _____

Email: _____

City Court Contact (if applicable): _____ Phone: _____

Email: _____

Briefly state basis for referral to RVC, including Veteran status, diagnosis and amenability to treatment:

Was the defendant discharged either "Honorably" or "Generally" under honorable conditions?
