

## Cherokee County Veterans Treatment Court

90 North St

Suite 370

Canton, GA 30114

678-493-6585 Office

jcmehdikarimi@cherokeega.com

(Please provide as much information as you have available)

### Section I - General Information

DATE OF REFERRAL \_\_\_\_\_ **SID** \_\_\_\_\_

Defendant's FULL Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Current Residence Address \_\_\_\_\_

Is this address?: With a family member \_\_\_\_\_ Group home \_\_\_\_\_ Independent \_\_\_\_\_

Other \_\_\_\_\_ If other, please describe \_\_\_\_\_

Is Defendant currently incarcerated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give location and cell number \_\_\_\_\_

\*\*Veteran Discharge Status: Honorable \_\_\_ Dishonorable \_\_\_ General (Under honorable) \_\_\_

General (Other than honorable) Bad Conduct \_\_\_

### Section II - Referring Party

Jail \_\_\_\_\_ Probation \_\_\_\_\_ Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_ Prosecutor \_\_\_\_\_ Judge \_\_\_\_\_

Name of Judge \_\_\_\_\_ Defense Attorney \_\_\_\_\_ Law Enforcement \_\_\_\_\_ Name and phone number of person completing referral \_\_\_\_\_

**Section III - Charge Information**

Date of Arrest\_\_\_\_\_ Indictment/Case Number\_\_\_\_\_

Current Pending Charges in ANY JURISDICTION (indicate if felony or  
misdemeanor):\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, phone number and office of Prosecutor\_\_\_\_\_

Name and phone number of Defense Attorney (if any)\_\_\_\_\_

Name and phone number of Probation Officer (if any)\_\_\_\_\_

Status of Case: Preliminary Hearing\_\_\_\_\_ Arraigned/Indicted\_\_\_\_\_ Plea Entered\_\_\_\_\_

Revocation\_\_\_\_\_ Status\_\_\_\_\_ Next Court Date\_\_\_\_\_ Has the

**Return this Form to:**  
**Cherokee County VTC**  
**90 North Street Suite 370**  
**Canton, GA 30114**