

VETERAN REFERRAL FORM

(Appendix B / Local Form 39-C3-002)

Please fill in the information below and have your attorney submit it to the Office of the Senior Resident Superior Court Judge and/or Trial Court Administrator:

**Office of the Senior Resident Superior Court Judge
Lincoln County Courthouse
120 Justice Drive
Lincolnton, NC 28092**

**Vanessa Palmer
Treatment Court Coordinator
vanessa.l.palmer@nccourts.org**

Applicant Name: _____ **Applicant DOB:** _____
Applicant Address: _____ **Branch of Military:** _____
_____ **Active: Y / N** **Years of Service:** _____
Applicant E-Mail: _____ **Applicant Phone No:** _____
Lincoln County File No. _____ **Charge:** _____
Lincoln County File No. _____ **Charge:** _____
Lincoln County File No. _____ **Charge:** _____
Attorney Name: _____ **Attorney Phone No:** _____
Custody Status: (Circle One) **JAIL / BOND** **Probation Officer:** _____
Next Scheduled Court Date: _____ **Stage/Status:** _____
Application Submitted By: _____ **Signature of Submitter:** _____

(Office of the Senior Resident Superior Court Judge / TCA Use)

Application Received By: _____ **Application Received On:** _____

Application Received VIA: (Circle One) **E-Mail / Courthouse Box / Personal Delivery**

Application Submitted to Senior Resident Superior Court Judge On: _____

Upon review of this application, it appears that the applicant **DOES** meet all requirements necessary to be a participant of this program and this application will be submitted to the Community-Centered Court of Lincoln County team for further review.

Upon review of this application, it appears that the applicant **DOES NOT** meet all requirements necessary to be a participant of this program and this application will be submitted to the Community-Centered Court of Lincoln County team for further review.

This the ____ day of _____, 20__.

W. Todd Pomeroy