



Washington County
Veteran's Court Assessment Form
(Please provide all information)

Referral Source/Relationship to Defendant: _____ Referral Date: _____

Defendant's Name: _____ Date: _____

Defendant's DOB: _____

Defendant's SSN: ____ - ____ - ____

Defendant's Address: _____

Defendant's Phone #: _____

Case Number(s): _____

Current Offense(s): _____

Military Branch: _____ Type of Discharge: _____ Active: Yes No

Enlisted or Commissioned Date: _____ Discharge Date: _____

Rank at Discharge: _____

DD Form 214, Certificate of Release or Discharge from Active Duty, Provided Yes No
(If no, please provide DD Form 214)

Accolades/Achievements: _____

Served in Foreign Wars: Yes No

If yes, please provide conflict eras and dates served for each: _____

Deployed Abroad: Yes No

If yes, please describe: _____

Deployed to Active War Zone: Yes No

If yes, please describe: _____

Past Drug and Alcohol History: Yes No

Mental Health Diagnosis: Yes No

Currently Receiving VA Benefits: Yes No

*Please submit form to: Washington County Adult Probation Office
Attn: Veterans Court Coordinator/Probation Officer
Address: 29 West Cherry Avenue, Suite 413
Washington, PA 15301
Phone: 724-228-6860, Fax: 724-229-5912*

