

VETERANS ASSISTANCE PROJECT

OCEAN COUNTY SUPERIOR AND MUNICIPAL COURTS

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| For Superior Court Use Only | |
| <input type="checkbox"/> | Sent to VSO |
| <input type="checkbox"/> | Entered into database |

REFERRAL & FEEDBACK FORM

The individual listed below has identified himself or herself as a Veteran, and is being referred to your agency for any services or benefits that may be available.

DATE OF REFERRAL: _____ VETERAN'S NEXT COURT DATE: _____

| REFERRAL INFORMATION | |
|-------------------------|--|
| PERSON MAKING REFERRAL: | <input type="checkbox"/> TRIAL COURT SERVICES – TCA OFFICE <input type="checkbox"/> OCEAN COUNTY JUSTICE FACILITY <input type="checkbox"/> CRIMINAL DIVISION-SUPERIOR COURT OF NJ <input type="checkbox"/> FAMILY DIVISION-SUPERIOR COURT OF NJ <input type="checkbox"/> PROBATION DIVISION-SUPERIOR COURT OF NJ <input type="checkbox"/> CIVIL DIVISION-SUPERIOR COURT OF NJ <input type="checkbox"/> MUNICIPAL COURT OF: |
| STREET ADDRESS: | |
| PHONE: | |
| CITY/STATE/ZIP: | |
| COMMENTS: | |

| VETERANS INFORMATION | | | |
|---|---|---|------|
| VETERAN BEING REFERRED: | | | DOB: |
| STREET ADDRESS: | CITY: | STATE: | ZIP: |
| HOME PHONE NUMBER: | ALTERNATE PHONE NUMBER: | | |
| INDICTABLE? Yes <input type="checkbox"/> No <input type="checkbox"/> | COMPLAINT # / INDICTMENT # / FAMILY DOCKET #: | PROMIS GAVEL CASE # / DEF # | |
| ARE DISCHARGE PAPERS AVAILABLE (DD214)? Yes <input type="checkbox"/> No <input type="checkbox"/> | CHARACTER OF DISCHARGE: | IS VETERAN CURRENTLY RECEIVING VA DISABILITY? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| Original to: | TCA Office, Attn: Gina Dean, Justice Complex, 120 Hooper Avenue, Room 240, Toms River, NJ 08754 Phone: 732-929-2042 Fax: 732-288-7606 |
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| For Use by the Veterans Service Office Only | | |
|---|--|--|
| HAS CONTACT WITH THE VETERAN BEEN ESTABLISHED? Yes <input type="checkbox"/> No <input type="checkbox"/> | IS VETERAN INTERESTED IN BEING LINKED TO AVAILABLE SERVICE PROVIDERS? Yes <input type="checkbox"/> No <input type="checkbox"/> | IS VETERAN ELIGIBLE FOR SERVICES? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| DATE CONTACTED: _____ | | |
| COMMENTS: | | |

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| Copy to: | |
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