

VETERANS ASSISTANCE PROJECT- BERGEN COUNTY

REQUEST FOR SERVICES AND BENEFITS REFERRAL 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 for which he or she may be eligible.

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

REFERRAL INFORMATION

PERSON MAKING REFERRAL:	<u>AGENCY MAKING REFERRAL</u>
STREET ADDRESS:	<input type="checkbox"/> COUNTY JAIL <input type="checkbox"/> CRIMINAL DIVISION-SUPERIOR COURT OF NJ <input type="checkbox"/> CIVIL 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"/> MUNICIPAL COURT OF _____
CITY/STATE/ZIP:	
PHONE NUMBER:	
COMMENTS:	

VETERANS'S INFORMATION

VETERAN BEING REFERRED:		DOB:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE NUMBER:	ALTERNATE PHONE NUMBER:		
NATURE OF CHARGES:			
ARE DISCHARGE PAPERS AVAILABLE? (DD214)	CHARACTER OF DISCHARGE:	IS VETERAN CURRENTLY RECEIVING VA DISABILITY?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Original to: Alejandra Ramirez, Bergen County Superior Court, Criminal Division, 10 Main Street, Hackensack, NJ 07601

Telephone Number: 201-527-2700 ext. 2148

FAX: 201-371-1128

Email: BergenVets.mailbox@judiciary.state.nj.us