



State of Rhode Island Judiciary

District Court Veterans Treatment Calendar

Referral

All Fields are Required - Form Will not be Processed if Incomplete

Referral Date: _____

Name of the Defendant: _____ also known as _____

Date of Birth: _____

Referring Source/Attorney: _____

Source/Attorney Telephone Number: _____

Pending Case Number and Type of Charge:

Court Date:

Physical Location of the Defendant for Contact

Adult Correctional Institutions Division: _____ Bail Status: _____
Other: _____

Street Address: _____

City/Town: _____ State: _____

Telephone Number: _____

Alternate Telephone or Emergency Contact: _____

Other Location Information: _____

Branch and Years of Service: _____

Describe: _____

Comments: _____

This Completed Form Must be Emailed or Delivered to:

Veterans Treatment Calendar

Noel Judicial Complex, District Court, Courtroom 2088 (outside 2D)

Attention: Emma Marietti, Veterans Treatment Calendar Coordinator

emarietti@courts.ri.gov or (401) 822-6797

For use by the Veterans Treatment Calendar Office only

Eligible Ineligible