

VTC Referral Form
Please give this form to Jeremy Ingle, ADA
Jeremy.d.ingle@nccourts.org



Application

Please fill in the information below and have your attorney submit to the Veterans Treatment Court ADA.

Date: _____

Veteran Name: _____

Veteran Birthday: _____

Veteran Phone #: _____

Veteran Last 4 of SSN: _____

Attorney Name: _____

Attorney Phone #: _____

Charges, including Docket #'s:

Custody Status (check one): Jail Bond

Probation Officer Name: _____

Next Scheduled Court Date: _____

VTC Referral Form
Please give this form to either the ADA, or Kevin Rumley, VTC Coordinator
Kevin.Rumley@Buncombecounty.org