



MONTGOMERY COUNTY VETERANS TREATMENT COURT

121 S. Third St. • Upper Level • Clarksville, Tennessee 37040

Montgomery County Veterans Treatment Court Application

Attach the following documents with application:

- **DD 214 (Member-4 copy) (For active duty soldiers, STP)**
- **Copies of warrants (if VOP, include copy of warrant from original charge)**

Date: ____/____/____ Attorney for Defendant: _____

Attorney's contact #: _____

Case #: _____ Charges: _____

County Charges are Located In: _____

Name: (please print)

First _____ Middle _____ Last _____

Date of Birth: _____ Age: _____ Sex: (circle one) Male/Female Race: _____

Social Security Number: _____

Address: (City, State, Zip Code)

_____ County: _____ (Circle One): Rent / Own

Phone #: _____ Alternative Phone #: _____

Email Address: _____

Marital Status: Married / Single / Divorced / Pending Divorce

Children / Ages: _____

Next of Kin Contact Information: _____

ACTIVE DUTY

Branch of Service: Army / Navy / Marines / Air Force / Coast Guard

Component: Active / Reserve / National Guard

Date of Service: From: _____ To: _____

Have you served in a Combat Zone? (Circle One) Yes/No If Yes, Where? _____

If currently still in Service:

Unit: _____ Commander Name & Phone #: _____

1SG Name: _____ Phone #: _____

1SG Email: _____



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VETERAN

If NOT currently still in Service:

Type of Discharge: _____

Are you enrolled in the VA Health System? Yes / No If No, have you applied? Yes / No

VA Disability Rating: _____

Currently Employed? (Circle One) Yes / No If Yes, Where? _____

Current Charges and Reason for Referral to VTC: _____

Please List Any Prior Arrests and/or Convictions (Including expungements): _____

TO BE COMPLETED BY APPLICANT AND APPLICANTS LEGAL REPRESENTATION AFTER REVIEW:

I, _____, certify that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the Montgomery County Veterans Treatment Court considering this application to use the information provided herein for the purpose of program participation consideration. I understand that purposeful misrepresentation of information on this application can result in additional criminal charges.

Defendant Signature: _____

Attorney for Defendant Signature: _____

IN ADDITION TO THE “VETERANS TREATMENT COURT PARTICIPATION ORDER”