

Montgomery County Veterans Treatment Court Application

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

Attorney's contact #: _____

Case #: _____ Charges: _____

Name: (please print)

First _____ Middle _____ Last _____

Date of Birth: _____ Age: _____ Sex: (circle one) male /female Race: _____

Social Security #: _____

Address: (City, State, Zip Code)

_____ County: _____ (Circle One) Rent / Own

Phone #: _____ Alternate Phone #: _____

Email Address: _____

Marital Status: Married / Single / Divorced / Pending Divorce

Children/ Ages: _____

Next of Kin Contact Information: _____

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

Component: Active / Reserve / National Guard

Dates of Service: From: _____ To: _____

If currently still in Service:

Unit: _____ Commander Name & Phone #: _____

ISG Name: _____ Phone #: _____

If Not Currently still in Service: Type of Discharge: _____

Have you served in a combat zone? (Circle One) Yes / No If Yes, Which Location(s): _____

VHA: (Circle One) Yes/ No Applied in the Past: (Circle One) Yes / No

VBA Benefits: Yes / No VA Disability Rating: _____ Applied in the Past: Yes / No

Education Attainment: High School Diploma / GED / College Graduate / Vocational Training

Applied for Voc-Rehab or VA Education Benefits? (Circle One) Yes/ No

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

Are there charges pending currently in any other county or State? (Circle One) Yes /No

Current Charges and Reason for Referral to VTC:

Additional Comments:

Attach the following documents with application:

- DD 214 (Member Copy 4) (For active duty soldiers, ERB or ORB)
- Copies of warrants (if VOP, include copy of warrant from original charge)

District Attorney Signature (Required to be considered for Enrollment): _____

Background check: Are there any holds or outstanding warrants for defendant? Yes /No

VTC Staff Signature of Receipt: _____

Veterans Treatment Court Accepted: (Circle One) Yes / No Date: _____

NCIC #: _____

Contracted Final Disposition: (With successful completion of VTC Program Phase IV)	
Case # _____	Count # _____
Charge _____	
Final Disposition: _____	
Case # _____	Count # _____
Charge _____	
Final Disposition: _____	
Case # _____	Count # _____
Charge _____	
Final Disposition: _____	

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.

Signatures required after agreement with Final Disposition:

Defendant Signature

Attorney for Defendant