

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: _____

ACTIVE DUTY

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

Component: Active / Reserve / National Guard

Dates of Service: From: _____ To: _____

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

If currently still in Service:

Unit: _____ Commander Name & Phone #: _____

ISG Name: _____ Phone #: _____

ISG Email: _____

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 in the past: Yes / No

VA Disability Rating: _____

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

Current Charges and Reason for Referral to VTC:

Please List Any Prior Arrests and/or Convictions (this includes expungements):

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)

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: _____		

District Attorney Notes:

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

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

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