

Montgomery County Veterans Treatment Court Application

Date ____/____/____

Referral Source : _____	Attorney for Defendant: _____
Client in JAIL? Yes / No	Attorney's contact info: _____

Name: (please print)

First _____ **Middle** _____ **Last** _____

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

Race: _____ **Social Security #:** _____

Address: _____

_____ **Phone #:** _____

Marital Status: married/ single /divorced

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

Component: Active / Reserve / National Guard

Dates of Service: From: _____ To: _____

FOR CURRENT ACTIVE DUTY ONLY:

UNIT:

UNIT Phone Number:

COMMANDER:

PHONE NUMBER:

FIRST SERGEANT:

PHONE NUMBER:

Type of Discharge: _____

Have you served in a combat zone? Yes / No

If you have served in a combat zone state where your service occurred: _____

VHA: Yes/ No **Applied in the Past:** 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? Yes/ No

Currently Employed? Yes /No **If So Where?** _____

Are there charges pending in any other county or State? Yes /No

Charges and Reason for Referral: _____

Additional Comments: _____

Attach the following documents with application:

-DD 214

-For active duty soldiers, we need to get their ERB (enlisted record brief)

-Copies of warrants (if VOP, include copy of warrant from original charge)

**District Attorney Signature _____

**VTC Staff Signature _____

Requested Disposition:

Case # _____ Count # _____ Charge _____

Final Disposition: _____

Case # _____ Count # _____ Charge _____

Final Disposition: _____

Case # _____ Count # _____ Charge _____

Final Disposition: _____

Case # _____ Count # _____ Charge _____

Final Disposition: _____

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

Veterans Treatment Court Acceptance

Date _____ Accept _____ Not Accept _____ Temporarily Accept pending screening: _____

VTC Staff Signature _____

Contracted Disposition:

Case # _____ Count # _____ Charge _____

Final Disposition: _____

Case # _____ Count # _____ Charge _____

Final Disposition: _____

Case # _____ Count # _____ Charge _____

Final Disposition: _____

Case # _____ Count # _____ Charge _____

Final Disposition: _____

Signatures required after agreeance with Final Disposition

Defendant Signature

Attorney for Defendant