

Application to Participate in Vigo County Veterans Treatment Court

Date: _____

Last Name: _____ **First Name:** _____ **M.I.:** _____

SSN: ____ - ____ - _____ **DOB:** _____

Contact Number: _____

Case Number(s): _____, _____, _____

Attorney/Public Defender Name: _____

In what Branch of the Armed Forces did you serve? (check all that apply)

____ Army (including NG and USAR) ____ Coast Guard (including Reserve)
____ Navy (including Reserve) ____ Other _____
____ Marine Corps (including Reserve) ____ None
____ Air Force (including ARNG)

When did you first enter the Armed Forces?

Month: _____ Year: _____

Did you leave the military and re-join?

Month: _____ Year: _____

When were you last discharged?

Month: _____ Year: _____

If discharged more than once:

Month: _____ Year: _____

Deployments?

Where: _____

When: _____

Medals Awarded: _____

DD214? _____

Enlisted or Officer Record Brief? _____

Specialty? _____

Altogether, how much time did you serve in the Armed Forces?

No. of years: _____ No. of Months: _____ No. of Days: _____

What type of Discharge did you receive?

<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad Conduct
<input type="checkbox"/> General (Honorable Conditions)	<input type="checkbox"/> Dishonorable
<input type="checkbox"/> Other than Honorable	<input type="checkbox"/> Do not know
<input type="checkbox"/> Other _____	

Have you ever received services at the VA Hospital?

Yes No

Are you eligible for service at the VA Hospital?

Yes No

Do you have insurance?

Yes No

What type of insurance do you have? _____

Mother's Maiden Name? _____

If, Active: What is your rank? _____

If Active: What does your job entail? Assignment?

While in the military were you ever sent to the brig?

Yes No

If yes, explain:

If active, do you intend to inform the military of your current legal status?

Yes No

RECOVERY, BEHAVIORAL AND MEDICAL HEALTH

If in recovery, how long sober? Do you participate in a recovery program, or have you in the past? Where? When? Do you have a sponsor?

Have you ever received a mental health diagnosis?

Yes No

If yes, who was the diagnosis given by? When? Explain.

Do you taking any medications prescribed to you for mental health?

Yes No

If yes, what medications are you taking?

Do you take any narcotic medications? Explain.

Are your medications prescribed by the VA or another prescriber? Explain.

List your criminal misdemeanor and felony convictions, if any.

ADVISEMENT OF RIGHT TO COUNSEL

By signing below, I hereby acknowledge and understand, that at all times and throughout all stages of these legal proceedings, including during my participation in Vigo County Veterans Treatment Court, I have a right to have legal representation.

I further acknowledge and understand that I have a right to have legal counsel appointed to represent me, if I am found by the court to be indigent and unable to afford to hire a lawyer to represent my legal interests.

I further acknowledge that Vigo County Veterans Treatment Court uses a non-adversarial approach, and my attorney has advised me as to the nature and purpose of Veterans Treatment Court, the rules governing participation, the consequences of abiding or failing to abide by the rules, the requirements and consequences of the releases of information, and how participating or not participating in Veterans Treatment Court will affect my interests. The foregoing acknowledgement is true and accurate to the best of my knowledge and belief.

Date: _____

Defendant Signature

Date: _____

Attorney Signature