



VETERANS TREATMENT COURT APPLICATION

This document must be completed in its **entirety** to be considered for the Veterans Treatment Court (VTC). Failure to do so will result in your application being denied. Please legibly complete this document and submit it with your application to Court Services.

FULL NAME: _____

NICKNAME/ALIAS: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE #: _____ CELL/ TEXT # _____

EMAIL: _____

DATE OF BIRTH: _____ BIRTHPLACE: _____

AGE: _____ RACE: _____ HISPANIC? _____ U.S. CITIZEN? _____

SEX: _____ MALE: _____ FEMALE: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

DRIVER'S LICENSE (STATE /NUMBER): _____ VALID? _____

SOCIAL SECURITY NUMBER: _____ MARITAL STATUS: _____

ATTORNEY'S NAME: _____ COURT APPOINTED? _____

APPLICATION DATE: _____ CASE NUMBER: _____

ARE YOU ELIGIBLE FOR VA BENEFITS? (Circle one) YES NO UNDETERMINED

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MILITARY

IF YOU HAVE EVER BEEN IN ANY TYPE OF MILITARY SERVICE, COMPLETE BELOW:

Branch of Service	Date In	Date Out	Highest Rank	Type of Discharge
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Basic Training Location	Date In	Date Completed
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Advanced Individual Training Location	Date In	Date Completed
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Duty Station	Job Title	Dates Attended	Rank
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Duty Station	Job Title	Dates Attended	Rank
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Duty Station	Job Title	Dates Attended	Rank
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Duty Station	Job Title	Dates Attended	Rank
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Please indicate if you were ever in combat action

MILITARY MEDICAL

Were you diagnosed with any medical/mental health conditions during your years of service?

(Circle all conditions listed below that you've had at any time in your life.)

PTSD Depression Anxiety Substance Abuse Visual/Hearing Impairment

Disfigurement Military Sexual Trauma Homelessness

(Circle all services listed below that you have participated in your life.)

Readjustment Counseling Bereavement (Grief) Counseling Substance Abuse Counseling

SUD Treatment/Mental Health Counseling Employment Counseling HUD/Emergency Housing

Inpatient Behavioral Health Inpatient Substance Abuse

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CRIMINAL HISTORY

LIST ALL PRIOR ADULT CONVICTIONS ALONG WITH WHEN & WHERE THEY OCCURRED: _____

HAVE YOU EVER BEEN SENTENCED TO SERVE TIME IN JAIL OR PRISON? _____

HAVE YOU EVER ESCAPED FROM JAIL OR PRISON? _____

HAVE YOU EVER BEEN ON PROBATION, PAROLE, OR DIVERSION? _____ IF SO, LIST WHEN, WHERE, & FOR WHAT OFFENSE(S): _____

HAS THERE EVER BEEN ANY MOTIONS TO REVOKE PROBATION FILED IN ANY PRIOR CASES? _____

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING INVOLVING VIOLENCE? _____ IF SO, GIVE DETAILS: _____

WERE YOU EVER ARRESTED AS A JUVENILE? _____ WHAT AGE? _____ WHAT WAS THE CHARGE(S) AND THE OUTCOME OF THE CASE? _____

EDUCATION (List high school, college, vo-tech, Job Corps, etc.)

<u>School Name</u>	<u>City/State</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____

DID YOU GRADUATE FROM HIGH SCHOOL? _____ IF YES, WHAT YEAR? _____
IF NOT, WHAT WAS THE HIGHEST GRADE YOU COMPLETED IN SCHOOL? _____
HAVE YOU GOTTEN YOUR GED? _____ IF SO, WHERE & WHAT YEAR? _____
WERE YOU EVER SUSPENDED OR EXPELLED FROM SCHOOL? _____ IF SO, FOR WHAT? _____

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Non & Post Military Employment

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, ANSWER THE FOLLOWING:
 EMPLOYER'S NAME & ADDRESS: _____
 IMMEDIATE SUPERVISOR'S NAME & PHONE #: _____
 POSITION AND HOURLY WAGE: _____
 DATE STARTED: _____ NUMBER OF HOURS WORKED PER WEEK: _____

LIST YOUR LAST FOUR JOBS (not including your current job):

<u>Employer</u>	<u>Title</u>	<u>Dates Employed</u>	<u>Pay</u>	<u>Reason Job Ended</u>

CURRENT INCOME

CURRENT EXPENSES

Your Job	\$	Rent/Mortgage	\$
Spouse's Job	\$	Utility Payments	\$
Child Support	\$	Car Payment	\$
Alimony	\$	Child Support	\$
Welfare	\$	Food	\$
Food Stamps	\$	Credit Payments	\$
Disability	\$	Insurance	\$
Unemployment	\$	Taxes	\$
Retirement	\$	Attorney Fees	\$
Social Security	\$	Other	\$
Other	\$	Other	\$
TOTAL	\$	TOTAL	\$

HOW WOULD YOU DESCRIBE YOUR FINANCIAL SITUATION?

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MARITAL AND CHILDREN

Spouse/Significant Other's Name	Age	Occupation
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IF MARRIED, DATE AND PLACE OF MARRIAGE: _____

DESCRIBE YOUR CURRENT RELATIONSHIP WITH YOUR SPOUSE/SIGNIFICANT OTHER: _____

LIST ANY PRIOR MARRIAGES (Include spouse's name, when and where married, and when and why the marriage was terminated.) _____

LIST CHILDREN'S NAMES AND AGES: _____

WHO ALL LIVES IN YOUR HOME? _____

HOW LONG HAVE YOU LIVED THERE? _____

HOW MANY TIMES HAVE YOU MOVED IN THE LAST THREE YEARS? _____

WHAT OTHER TOWNS HAVE YOU LIVED IN AND WHAT YEARS WERE YOU THERE? _____

HEALTH

LIST ANY PHYSICAL HEALTH PROBLEMS YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST: _____

LIST ANY MENTAL HEALTH ISSUES/DIAGNOSES YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST: _____

LIST ALL MEDICATION YOU ARE CURRENTLY TAKING AND WHAT IT IS PRESCRIBED FOR: _____

HAVE YOU EVER ATTENDED MENTAL HEALTH TREATMENT? _____ IF SO, LIST WHEN AND WHERE: _____

HAVE YOU EVER PARTICIPATED IN ANGER MANAGEMENT/BATTERERS INTERVENTION PROGRAM? _____ IF SO, LIST WHEN AND WHERE: _____



DECLARATION

I fully understand that the information I have given to the Court Services Office is for the purpose of assisting them in determining my eligibility for the Veterans Treatment Court. I further understand that this information is confidential and will not be used except for official contact with other governmental agencies, provider agencies, and individuals. I have also answered all questions truthfully and I understand that false answers on this document may constitute removal from, or denied entry into, the VTC program.

Date

Signature of Offender

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DOB _____

Hereby authorize the First Judicial District, Court Services Office, to disclose any information in their possession from my records including any information relating to substance use or abuse, substance use disorder evaluations, and substance use disorder treatment to any/all law enforcement agencies, SRS, mental health agencies, physicians, psychologists, counselors, therapists, victims, employers and any other parties involved in my case(s). I further authorize the above agencies to release any records including any information relating to substance use or abuse, substance use disorder evaluations, and substance use disorder treatment regarding the above individual to Court Services.

This release of information is to facilitate my participation and treatment in the Veterans Treatment Court and shall remain in effect until I have successfully completed the terms/provisions of my probation. I understand I may revoke this release of information at any time. A revocation of this release of information will result in the discharge from the Veterans Treatment Court program but the probation will still be active and subject to further action by the Court.

Medical records are protected by federal regulations, Kansas statutes, and/or administrative regulations and any further disclosure is prohibited without the undersigned's consent.

Signature of Offender

Date

Signature of Court Services Officer

Date