

***Leavenworth County, Kansas District Court  
Probation Application Process for  
Veterans Treatment Court***

The Mission of the Leavenworth County, Kansas Veterans Treatment Court is to promote public safety by providing an inter-agency, collaborative, non-adversarial treatment strategy to veterans in the criminal justice system who suffer from mental health and/or substance abuse issues related to their service in our Armed Forces.

**In order to be eligible for the Probation Supervision Track:**

1. Qualifying veterans must have served in the armed forces of the United States of America.
2. Qualifying veterans must be eligible to receive benefits from the United States Department of Veterans Affairs, The Guidance Center, or other approved treatment provider.
3. Must be a resident of Kansas.
4. Qualifying veterans cannot be charged with the following crimes:
  - a. Off-Grid Crimes
  - b. Felony Sex Offenses
  - c. Registered Sex Offenders
  - d. Offenses involving serious bodily harm
  - e. Firearm Offenses
5. Qualifying veterans must be eligible for a term of probation for a minimum of 12 or 18 months.
6. Qualifying veterans will need to make themselves available to attend treatment court as directed.
7. Qualifying veterans must submit to random drug screenings as requested by their supervising officer (initial phase requires a minimum of two times per week).

**Please be advised that if you do not reside in the State of Kansas, you may not be eligible for Veterans Treatment Court on any level of supervision. It is important for you to realize that ANY change of address may alter your ability to gain or retain acceptance into this program. Any address changes must be addressed in Court. Residency is a consideration of eligibility. Please also be aware multiple addresses will not be considered for the purpose of supervision.**

Applications may be obtained from and returned to either the VTC Coordinator or Court Services Office. VTC Coordinator can be reached by email or phone.

E-mail: Linda.Huggins@kscourts.org

Phone: 913-684-0710



**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 ASSIGNED AT BIRTH: Male: \_\_\_\_\_ Female \_\_\_\_\_ Intersex \_\_\_\_\_

GENDER IDENTITY: \_\_\_\_\_ Prefer not to disclose: \_\_\_\_\_

SEXUAL IDENTITY/SEXUAL ORIENTATION \_\_\_\_\_ Prefer not to disclose: \_\_\_\_\_

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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VETERANS TREATMENT COURT APPLICATION  
PAGE 2

**MILITARY**

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

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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**

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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

VETERANS TREATMENT COURT APPLICATION  
PAGE 3

**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? \_\_\_\_\_

VETERANS TREATMENT COURT APPLICATION  
PAGE 4

**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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VETERANS TREATMENT COURT APPLICATION  
PAGE 5

**MARITAL AND CHILDREN**

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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