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 causing great 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, or address outside of Leavenworth County, may alter your ability to gain or retain acceptance into this program. Any address changes of active VTC participants 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.gov

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: _____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

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

Basic Training Location Date In Date Completed

Advanced Individual Training Location Date In Date Completed

Duty Station Job Title Dates Attended Rank

Duty Station Job Title Dates Attended Rank

Duty Station Job Title Dates Attended Rank

Duty Station Job Title Dates Attended Rank

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

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.)

School Name	City/State	Dates Attended

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? _____

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):

Employer	Title	Dates Employed	Pay	Reason Job Ended

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?

_____
_____
_____

MARITAL AND CHILDREN

_____
Spouse/Significant Other's Name Age Occupation

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: _____
_____

ALCOHOL/DRUG HISTORY (Circle all substances listed below that you have tried at any time in your life.)

Beer Wine Liquor Marijuana Speed LSD PCP Cocaine Methamphetamine

Opium Ecstasy Acid Valium (non-prescribed) Pain Pills (non-prescribed) Bath Salts

K2/K3/Other Synthetic Marijuana Huffing Others: _____

HOW OLD WERE YOU WHEN YOU FIRST TRIED ALCOHOL? _____ DRUGS? _____

WHAT DO YOU CURRENTLY USE AT THIS TIME? _____

HAVE YOU EVER ATTENDED AA? _____ NA? _____

HAVE YOU EVER ATTENDED OUTPATIENT SUBSTANCE ABUSE TREATMENT?_____
IF SO, WHEN AND WHERE? _____

HAVE YOU EVER ATTENDED INPATIENT SUBSTANCE ABUSE TREATMENT? _____
IF SO, WHEN AND WHERE? _____

DOES YOUR DRUG/ALCOHOL USE CAUSE OTHER PROBLEMS IN YOUR LIFE?_____
IF SO, WHAT? (List any problems with the law, family, health, school, work, etc.) _____
_____
_____
_____

STATE IN YOUR OWN WORDS AND IN DETAIL YOUR VERSION OF THE EVENTS THAT LED TO YOUR ARREST IN THIS CASE:_____



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

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