

# ADULT MISDEMEANOR VETERANS TREATMENT COURT

## APPLICATION



### CASE INFORMATION

<i>Defendant's Name</i>	
<i>Defendant's E-Mail</i>	
<i>Cause Number(s)</i>	
<i>Offense(s)</i>	
<i>Offense Date(s)</i>	
<i>Attorney's Name</i>	
<i>Attorney's E-Mail</i>	
<i>Court Assignment (circle one)</i>	County Court at Law #1 County Court at Law #2 County Court at Law #3
<i>Next Court Setting</i>	

My client is not fluent in English and is requesting an accommodation for the following language:

\_\_\_\_\_.

**PART 1: APPLICANT'S PERSONAL DATA SHEET****Personal Information**

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Maiden Name</b>	<b>Nickname or Alias</b>	<b>Date of Birth</b>	
<b>Highest Education Completed</b>	<b>Marital Status</b>	<b>Number of Dependents</b>	
<b>Social Security Number</b>	<b>Driver's License Number</b>	<b>DL State</b>	<b>DL Expiration</b>
<b>Race</b>	<b>Place of Birth</b>	<b>Citizenship</b>	

**Residential Address**

<b>Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>County</b>	<b>How long have you lived at this physical address?</b>			

<b>Home Phone</b>	<b>Mobile Phone</b>
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**Military Service Information**

Branch (*circle one*): **Army**      **Navy**      **Marine**      **Air Force**      **Coast Guard**

Service Status (*circle one*): **Active**      **Reserve**      **Guard**      Rank: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Deployment(s) (*circle one*): **Yes** (Dates and Location): \_\_\_\_\_ **No**

\_\_\_\_\_

\_\_\_\_\_

Highest Discharge Characterization (*circle one*): **Honorable**      **General under honorable**

**Other than honorable**      **Bad Conduct**

**Dishonorable Discharge**      **Dismissal**

Combat Injury circle one: **Yes** (Details): \_\_\_\_\_ **No**

VA Disability (*circle one*): **Yes** (Percentage and what for): \_\_\_\_\_ **No**

\_\_\_\_\_

\_\_\_\_\_

Have you been diagnosed with:      PTSD: **Yes**      **No**      TBI: **Yes**      **No**

Depression: **Yes**      **No**      Anxiety: **Yes**      **No**

Other service connected mental health diagnosis: **Yes** (List): \_\_\_\_\_ **No**Have you had prior treatment for alcohol/substance abuse or mental health treatment? **Yes** **No**If yes, please list dates, location and purpose of the treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Are you currently seeing a doctor: **Yes** (If so, please list below) **No**

Name of Doctor: _____	Reason for seeing: _____
Name of Doctor: _____	Reason for seeing: _____
Name of Doctor: _____	Reason for seeing: _____
Name of Doctor: _____	Reason for seeing: _____

Are you currently taking medication: **Yes** (If so, please list below) **No**

Name of Medication: _____	Reason for taking: _____
Name of Medication: _____	Reason for taking: _____
Name of Medication: _____	Reason for taking: _____
Name of Medication: _____	Reason for taking: _____
Name of Medication: _____	Reason for taking: _____

**Employment Information**

Employment Status (*check one*):     **Full-time Student**     **Part-time Retired**     **Not employed Disabled**     **Seasonal Homemaker**

<b>Employer</b>			<b>Position/Title</b>		
<b>Address</b>	<b>Suite #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Work Phone</b>	<b>Supervisor's Name</b>		<b>Length of Employment</b>		

• If you are a student, what school are you attending? \_\_\_\_\_

• If unemployed, when and where were you last employed? \_\_\_\_\_

• Are you currently or have you ever been through a substance abuse program? **YES** **NO**  
 Type of Program: \_\_\_\_\_ Inpatient     Outpatient     AA/NA  
 Date(s) attended: \_\_\_\_\_

**PART 2: PRIOR CONTACTS WITH THE CRIMINAL JUSTICE SYSTEM**

Prior contacts with the criminal justice system include but are not limited to juvenile records (*regardless of disposition*), adult arrests or citations (*regardless of disposition*), out-of-state arrest or citations (*regardless of disposition*), offenses for Minor in Possession of Alcohol, Minor in Consumption of Alcohol, Public Intoxication, Class "C" Assault, and Possession of Drug Paraphernalia (*regardless of disposition*). The application must be supplemented if contact with the Criminal Justice System occurs after the *Application* is filed. This section does not include traffic citations.

Date of Arrest/Citation	Place of Arrest/Citation	Offense	Disposition



***Attorney of Record***

I, \_\_\_\_\_ as attorney of record for Defendant, certify that I have explained to the Defendant he or she must attend and complete a treatment assessment prior to admission into the court. I have also informed the Defendant if he or she is accepted into the program, he or she may be required to pay fees for required classes, ignition interlock (or other alcohol monitoring devices), and any restitution owed on the case (including DPS Lab testing fees). I explained to the Defendant that any weapon seized for any reason as a part of this case may require forfeiture in order to gain admission in into the program.

\_\_\_\_\_  
**ATTORNEY FOR DEFENDANT**

\_\_\_\_\_  
**DATE**

***Applicant***

I, \_\_\_\_\_, have been advised by my attorney of record about the Veterans Treatment Court. I understand that the prosecutor may offer me admission into the court on the diversion track or on a probation track. If I am offered acceptance into the court on the diversion track, I understand that I can withdraw from the program at any time and that my case will return to the regular case docket.

I understand that I must complete the required treatment assessment(s) in order for a treatment plan to be developed. I understand failure to attend the assessment or giving false answers during the assessment may result in the denial of my application. I understand the final decision to proceed with or to divert from prosecution of my case rests with the County Attorney's Office.

*I certify the information contained in this application is true and correct.*

\_\_\_\_\_  
**APPLICANT**

\_\_\_\_\_  
**DATE**