

# Veterans and Servicemembers Court Application Form

## Personal Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Gender: Male / Female  
Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_  
Branch of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
Dates of Service: Month/Day/Year Entry \_\_\_\_\_ Month/Day/Year Discharge \_\_\_\_\_  
Do You Have Copy of DD214? Yes / No Are You Receiving Compensation \_\_\_\_\_  
Marital Status: Married / Single / Divorced / Widow/er / Living as Married  
Spouse Name \_\_\_\_\_ Number of Children \_\_\_\_\_ Pregnant? N/A / Yes/ No

## Education

Highest Grade Completed: \_\_\_\_\_ Current School: \_\_\_\_\_  
Reading Problem: Yes / No Writing Problem: Yes / No Did you have an I.E.P.: Yes / No

## Employment/Benefits

Source of Income: \_\_\_\_\_ Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Insurance: Yes / No Company: \_\_\_\_\_  
Policy, Group and ID Number: \_\_\_\_\_  
Social Security Benefits: Yes / No Medicare: Yes / No Medicaid: Yes / No  
Denied Benefits: Yes / No Reason: \_\_\_\_\_ Date: \_\_\_\_\_  
Benefits Stopped: Yes / No Reason: \_\_\_\_\_ Date: \_\_\_\_\_

## Criminal History

Current Charge: \_\_\_\_\_ Attorney: \_\_\_\_\_  
Other Cases Pending: Yes/ No Out of County Case: Yes/No (If yes, list under comments)  
Currently on Probation: Yes / No Officer \_\_\_\_\_ Parole: Yes / No Agent \_\_\_\_\_  
Have you completed or been discharged from a Veterans Court Program in the past three years? Yes / No - When? \_\_\_\_\_ Where? \_\_\_\_\_

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## Side Two

### Mental Health/Medical

Psychiatric Diagnosis: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Psychologist/ Other Clinician \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medication/Dosage \_\_\_\_\_

Medication/Dosage \_\_\_\_\_

Medication/Dosage \_\_\_\_\_

Medication/Dosage \_\_\_\_\_

Have you ever been hospitalized for psychiatric reasons? Yes / No

Where: \_\_\_\_\_ Dates: \_\_\_\_\_

Where: \_\_\_\_\_ Dates: \_\_\_\_\_

Medical Issues Yes/ No Diagnosis \_\_\_\_\_

Medication/Dosage \_\_\_\_\_

Medication/Dosage \_\_\_\_\_

### Substance Abuse

Please List all Drugs you have experimented with

Drug: \_\_\_\_\_ Age of First Use \_\_\_\_\_ Frequency \_\_\_\_\_

Drug: \_\_\_\_\_ Age of First Use \_\_\_\_\_ Frequency \_\_\_\_\_

Drug: \_\_\_\_\_ Age of First Use \_\_\_\_\_ Frequency \_\_\_\_\_

Drug: \_\_\_\_\_ Age of First Use \_\_\_\_\_ Frequency \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney Signature \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that my client is applying for Veterans and Servicemembers Court.