

# HAMILTON COUNTY VETERANS TREATMENT COURT

## APPLICATION

### CASE INFORMATION:

DEFENDANT'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DOCKET NUMBER(S) OF PENDING CASES: \_\_\_\_\_

OFFENSES: \_\_\_\_\_

ARE YOU CHARGED WITH FELONIES, MISDEMEANORS OR BOTH?

\_\_\_\_\_

OFFENSE DATES: \_\_\_\_\_

NEXT COURT DATE:  
\_\_\_\_\_

ATTORNEY'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### 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>Do you rent or own?</b>	
	<b>Primary Phone Number:</b>		<b>Secondary Contact Phone Number</b>	

**Employment Information**

Employment Status (Check One)			
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Disabled
<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Contractor	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Self-Employed			

<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? \_\_\_\_\_

**PART 2: APPLICANT'S MILITARY AND MEDICAL HISTORY**

**Military Service Information**

Branch of Service (Check one)				
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard

Service Status (Check one)				
<input type="checkbox"/> Active	<input type="checkbox"/> Reserve	<input type="checkbox"/> Guard	<input type="checkbox"/> Discharged	<input type="checkbox"/> Transitioning Out

Type of Discharge? (Check one)					
<input type="checkbox"/> Honorable	<input type="checkbox"/> General Under Honorable	<input type="checkbox"/> Other than Honorable	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable Discharge	<input type="checkbox"/> Dismissal

<b>Rank?</b>	_____	<b>Dates of Service?</b> _____ _____ _____	<b>Deployments?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No if yes dates and locations _____ _____ _____
<b>VA Disability Rating?</b>	_____		
<b>Combat Injury?</b>	<input type="checkbox"/> Yes		
<b>If yes, injury details</b>	<input type="checkbox"/> No		

<b>Details</b>	_____
_____	_____
_____	_____
_____	_____

**Medical Information**

<b>Have you been diagnosed with (check all that applies)</b>			
_____ TBI _____ PTSD _____ Anxiety _____ Depression			
<b>Other service-connected mental health diagnosis?</b>		_____ Yes	_____ No
<b>List:</b>			
<b>Are you currently in or have you ever been through a substance abuse program?</b>			_____ Yes _____ No
<b>Type of Program and dates attended?</b>			
_____ Inpatient Dates _____	_____ Outpatient Dates _____	_____ AA Dates _____	_____ NA Dates _____
<b>Have you had prior treatment for alcohol or substance abuse or mental health treatment?</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Are you currently seeing a doctor?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No, if yes, please list
<b>List Names of Doctor(s)?</b>		<b>Reason for Seeing?</b>	
<b>Are you currently taking medication?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No, if yes, please list
<b>Name of Medication</b>		<b>Reason for Taking this Medication?</b>	

**PART 3: EMAIL APPLICATION TO:**

Chuck Alsobrook, Veterans Services Officer: [calsobrook@hamiltontn.gov](mailto:calsobrook@hamiltontn.gov)

Nicole Evans, Assistant District Attorney: [nicole.evans@hcdatn.org](mailto:nicole.evans@hcdatn.org)