

CLINTON COUNTY VETERANS COURT APPLICATION

COMMONWEALTH OF PENNSYLVANIA :
 :
 vs. : Docket/Case Number(s): _____
 : _____
 : _____
 Name: _____ :

This form will be reviewed by the Veterans Court Committee to determine your eligibility for admission into the Veterans Court Program.

1. PERSONAL INFORMATION

Name(s): _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number or Photo Identification Number: _____

Status of Driver's License: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Highest Education Completed: _____

Source(s) of Income (Employment/VA/SSI/SSD): _____ Amount: \$ _____

Employer Information (name/address/phone) and/or describe other sources of income (type, amount):

Living Arrangements: ___Single, ___Married, ___Separated, ___Divorced, ___Widowed, ___Living Together

Other People Who Live With You (except your children):

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Children:

Name:	Age:	Gender:	Custody Status:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a citizen of the United States? Yes No If not, what type of visa do you hold? _____

2. LEGAL INFORMATION

Attorney Name: _____

Address & Phone: _____

What are the current charges against you?

Are you currently in incarcerated? Yes No

If Yes, where: _____

Are there other charges pending against you, including those in other counties or states? _____

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Have you ever been convicted of a misdemeanor or felony offense? Yes No

If "yes," please explain: _____

Are you currently on probation or parole? Yes No If "yes," what is the name of your probation/parole

officer? _____

3. MILITARY STATUS

For Veterans only:

What were your dates of service? _____

What branch of the military did you serve? _____

Were you deployed? Yes No

If yes to the above, indicate where and when: _____

What was your rank at discharge? _____

What is your discharge status? _____

Did you serve in combat? Yes No

If yes to the above, indicate where and when: _____

Do you have access to your **DD-214**? Yes No ***If yes, please send with application**

Do you currently receive Veteran's benefits? Yes No

For Active Duty Military only:

When did you begin service? _____

What branch of the military do you serve? _____

Were you deployed? Yes No

If yes to the above, indicate where and when: _____

What is your rank? _____

Have you served in combat? Yes No

If yes to the above, indicate where and when: _____

4. MEDICAL HISTORY

Are you disabled or have any physical limitations? Yes No

Describe: _____

Medical: Non-Service Connected _____

Service Connected _____

SSD _____

SSI _____

Do you have any medical conditions that affect you daily? Yes No

Describe: _____

Please list **ALL** your medications prescribed (including over the counter medication):

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

Are you being seen at the VA for Medical Care? Yes No -- If Yes, where? _____

Do you have a primary care doctor in the community/outside of the VA? Yes No

5. SUBSTANCE USE INFORMATION

Have you ever abused drugs or alcohol?: Yes No

Current substance abuse: Yes No

If yes, list the type/amount/frequency: _____

Primary Drug of Choice: _____

Secondary Drug of Choice: _____

Third Drug of Choice: _____

IV Drug User: Yes No

History of IV Drug Use: Yes No

Age Began Using Drugs: _____

Years of Drug Use: _____

Age Began Using Alcohol: _____

Years of Alcohol Abuse: _____

Have you ever participated in substance use treatment? _____

If "yes," please identify where and when: _____

6. MENTAL HEALTH HISTORY

Have you ever been treated for a mental illness? Yes No

If YES, have you ever received mental health services (type/when/where):

Present Diagnosis _____

Past Diagnosis _____

Are you currently prescribed medications for your mental illness? Yes No

If YES, name your current psychiatric medications and the prescribing doctor/dosage/frequency:

Are you taking your medications as prescribed? Yes No

If NO, why? _____

Were you prescribed psychiatric medications before incarceration? Yes No

If YES, name the psychiatric medications you were prescribed in the past and the prescribing

doctor/dosage/frequency: _____

List your most recent mental health hospitalization(s) including date and facility, if applicable: _____

List the name of your current MH/ID/EI case manager, if applicable: _____

7. REFERRAL SOURCE INFORMATION

Name, Agency, Title and Contact Information of Referral Source:

Who completed this Application? (Printed name): _____ (Date): _____

8. OTHER

Are there any court proceedings ongoing or that you are involved in the last 10 years? (“Court orders” include, but are not limited to: protection from abuse (PFA) orders; bench warrants; support orders; other judgments.)

Yes No If “yes,” please identify the order(s): _____

9. **VETERAN'S STATEMENTS**

1. I, _____, have read the Clinton County Veterans Court Policy with the assistance of _____ (Defense Counsel), who explained the Veterans Court program to me and answered my questions.
2. I have attached a copy of my **DD-214**.
3. I agree to abide by the General Orders of Veterans Court, which are:
 - I. To conduct myself at all times with the dignity and honor that is befitting a veteran or an active member of the United States armed forces.
 - II. To be honest and forthright with the Veterans Court Team and myself at all times, and to use the resources available to me when I begin experiencing triggers, symptoms or negative thought patterns.
 - III. To take charge of any addictive or criminal behaviors and mental health issues that is keeping me from becoming a productive, healthy and active member of society.
 - IV. To comply at all times with the requirements of the Veterans' Court program and to report any violations of the program rules to my probation officer immediately.
 - V. To work as part of a team, accepting the help of professionals and my fellow veterans to successfully recover mentally, physically, spiritually, and socially.
4. **The facts set forth in the application are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein made are subject to the penalties of 18 Pa.C.S. §4904 relating to Unsworn Falsification to Authorities.**

Signature

Date

This application is to be completed and submitted to:

Judge Michael F. Salisbury
Treatment Court Judge
230 E. Water Street
Lock Haven, PA 17745

If you have any questions about the application process or the program, contact Deputy Chief Probation Officer Ed Hosler at (570) 893-4051 ext. 3374 or ehosler@clintoncountypa.com