

**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.

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**1. PERSONAL INFORMATION**

Name(s): \_\_\_\_\_

Age: \_\_\_\_\_

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:

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Are you taking your medications as prescribed?  Yes  No

If NO, why? \_\_\_\_\_

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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: \_\_\_\_\_

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

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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:

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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): \_\_\_\_\_

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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](mailto:ehosler@clintoncountypa.com)**