



## Veterans Treatment Court Checklist

**A copy of your DD214**

**Copy of your military ID; if you have one**

**Copy of your Texas Drivers License or picture ID**

**VTC Application**

**Request for and Authorization to Release Medical Records or Health Information  
(VA Form and/or TBC and/or Bluebonnet Trails)**

**Write a Personal Statement: Prepare a written essay addressing the following:**

- **Why should you be afforded an opportunity to enroll in the VTC program?**
- **State that you take full responsibility for any wrongdoing.**
- **What role and contributions did you make to the military?**
- **What life goals and aspiration do you have?**

**Items to take with you to your VA appointment:**

**DD214 / Enlisted or Officer Record Brief / Military Service Records**

**VA Documents (Compensation & Benefits / Disability Rating)**

**Your military ID**



## Veterans Treatment Court Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Aliases/Maiden Name: \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ Inmate No.: \_\_\_\_\_

Case (circle one): Felony or Misdemeanor Case No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Texas Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from Physical Address): \_\_\_\_\_

City: \_\_\_\_\_ State: Texas Zip: \_\_\_\_\_ County: \_\_\_\_\_

Marital Status: \_\_\_\_\_ In a relationship? Yes / No; If yes; name: \_\_\_\_\_

Who else resides in your household? \_\_\_\_\_

How many children do you have? \_\_\_\_\_ List all their names, age & name of other parent:

Name:	Age	Other Parent:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete, if known:

	Name	Phone	Email Address
Probation Officer:	_____	_____	_____
Judge:	_____	_____	_____
Attorney:	_____	_____	_____
Attorney:	_____	_____	_____

Is competency an issue: Yes / No

Issues surrounding request: \_\_\_\_\_

Check all that apply: Drugs: \_\_\_\_\_ Alcohol: \_\_\_\_\_ Mental Health: \_\_\_\_\_

Sexual Issues: \_\_\_\_\_ Abuse: \_\_\_\_\_ Medical Reasons: \_\_\_\_\_

Anger: \_\_\_\_\_ Housing Placement: \_\_\_\_\_

Briefly explain any items checked: \_\_\_\_\_

History of Trauma: Yes / No If yes; explain trauma: \_\_\_\_\_

History of Mental Health: Yes / No If yes; explain: \_\_\_\_\_

**Emergency Contact Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

House Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Texas Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Military Service:**

Have you ever served in the Military?: Yes / No If yes; what branch of service: \_\_\_\_\_

What were your dates of service: \_\_\_\_\_ What was your rank? \_\_\_\_\_

Where did you serve? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you serve in Combat? Yes / No - If yes, to combat; how many times? \_\_\_\_\_

What was your Military Discharge?: \_\_\_\_\_

**Education:**

Highest level of education completed: \_\_\_\_\_

**Driver's License:**

Do you have a valid driver's license? Yes / No

If yes; Driver's License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

**Occupation:**

Currently Employed: Yes / No Employer: \_\_\_\_\_

Work schedule: \_\_\_\_\_

**Financial Status:**

List Debts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Assets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Data:**

Do you have a Severe Mental Illness: Yes / No

If yes, check all that apply: PTSD: \_\_\_\_\_ Schizophrenia: \_\_\_\_\_ Major Mood Disorder: \_\_\_\_\_

Psychosis NOS: \_\_\_\_\_ Bi-Polar Disorder: \_\_\_\_\_

Borderline Personality Disorder: \_\_\_\_\_

Is there a Psychiatric Evaluation (completed within last 6 months is required for consideration)?: \_\_\_\_\_

Treating Psychiatrist and location: \_\_\_\_\_

List Current Medications: \_\_\_\_\_

\_\_\_\_\_

**Case Manager Information: (if applicable)**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Where have you attended treatment? Please list all inpatient, outpatient facilities and halfway houses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Substance Abuse** (list the drug, frequency and last date of use: \_\_\_\_\_)

\_\_\_\_\_

**If you are presently on probation or parole; complete the following:**

State – County: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Are you presently on bail or do you have any other outstanding criminal charges outside of Guadalupe County? \_\_\_\_\_

What are the charges and where? \_\_\_\_\_

What are your future goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you think has led to your most recent involvement in the criminal justice system? Any traumatic life events? \_\_\_\_\_

Why are you applying for a Treatment Court? \_\_\_\_\_

\_\_\_\_\_

By signing/submitting this application, I have read or had read to me the Treatment Court description and acknowledge that I will commit my time and effort to create in me behavioral and life change if accepted. I have been truthful, to the best of my knowledge, with regard to all my answers in this application.

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature**