

**BUCKS COUNTY
VETERANS TREATMENT PROGRAM
APPLICATION**

NAME _____ DOB _____

SSN _____

ARE YOU A VETERAN YES NO BRANCH OF SERVICE: _____

BUCKS COUNTY RESIDENT? YES NO

ARE YOU ELIGIBLE FOR VA BENEFITS? YES NO _____

DATES OF SERVICE: _____

SERVICE IN COMBAT THEATER OF OPERATIONS?: YES NO

WHERE DID YOU SERVE: _____

WHAT WAS YOUR RANK: _____

NATURE OF DISCHARGE: HONORABLE DISHONORABLE GENERAL OTHER

DO YOU HAVE A CERTIFIED COPY OF YOUR DD FORM 214? YES NO

DID YOU SERVE IN COMBAT? YES NO WHERE? _____

WHAT WAS YOUR PRIMARY JOB DESCRIPTION WHILE IN THE SERVICE?

HIGHEST LEVEL OF EDUCATION COMPLETED?

GED H.S. GRAD COLLEGE COLL. GRAD

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

STATE OF ISSUE _____ D.L. NUMBER _____

CURRENT OCCUPATION OR EMPLOYER: NAME, ADDRESS, PHONE NUMBER, SUPERVISOR

MARITAL STATUS: MARRIED DIVORCED SINGLE REATIONSHIP

DO YOU HAVE CHILDREN? YES NO IF YES HOW MANY/AGES

DO YOUR CHILDREN LIVE WITH YOU? YES NO IF NO WHERE AND WITH WHOM DO THEY LIVE?

DO YOU HAVE AN AXIS I DIAGNOSIS AS DIAGNOSED BY THE OFFICE OF VETERAN'S AFFAIRS? YES NO

IF YES EXPLAIN: _____

PHYSICIAN: _____

DATE OF DIAGNOSIS: _____

CURRENT MEDICATIONS: _____

HAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:

POST TRAUMATIC STRESS DISORDER (PTSD) WHEN? _____

TRAUMATIC BRAIN INJURY? WHEN? _____

MILITARY SEXUAL TRAUMA? WHEN? _____

SERVICE RELATED PSYCHOLOGICAL OR SUBSTANCE ABUSE? WHEN? _____

PLEASE SPECIFY:

WHERE HAVE YOU ATTENDED TREATMENT? (AGENCY, ADDRESS, THERAPIST NAME)
(PLEASE LIST ALL INPATIENT AND OUTPATIENT FACILITIES OR HALF-WAY HOUSES)

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE? YES NO IF YES, EXPLAIN:
(PLEASE INCLUDE SUBSTANCES ABUSED, FREQUENCY OF USE, AGE WHEN BEGAN USE, LAST USE):

HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED, CITED OR HELD BY ANY LAW ENFORCEMENT OR JUVENILE AUTHORITIES IN THE UNITED STATES REGARDLESS OF WHETHER THE CITATION WAS DROPPED OR DISMISSED OR YOU WERE FOUND NOT GUILTY OR WHETHER THE RECORD HAS BEEN EXPUNGED OR SEALED OR OTHERWISE STRICKEN FROM COURT OR POLICE RECORDS, ON ANY OCCASION, OTHER THAN THIS ARREST? NO YES IF YES, EXPLAIN: (INCLUDE NATURE OF ARREST, DATE WHEN ARRESTED, THE JURISDICTION WHERE YOU WERE ARRESTED, AND THE DISPOSITION OR OUTCOME OF YOUR CASE).

ARE YOU CURRENTLY ON BAIL ON ANY OTHER CRIMINAL MATTER IN THIS OR ANY OTHER JURISDICTION?
YES NO IF YES, EXPLAIN:

BY SIGNING THIS APPLICATION, I AM INDICATING THAT I HAVE READ, OR HAD READ TO ME AND FULLY UNDERSTAND THE VETERANS TREATMENT COURT DESCRIPTION. I FURTHER UNDERSTAND THAT I SHOULD ENLIST THE ASSISTANCE OF LEGAL COUNSEL PRIOR TO MY PRELIMINARY HEARING DATE. I UNDERSTAND AND AGREE THAT I AM VOLUNTARILY ENTERING THIS PROGRAM AND WILL WORK WITH MY LAWYER AND MENTOR TO SUCCESSFULLY COMPLETE THE TREATMENT AND ALL CONDITIONS NECESSARY TO COMPLETE THE PROGRAM SUCCESSFULLY.

SIGNATURE: _____ DATE: _____