

Calhoun County Veterans Court

Application

Personal Information

Name: _____ Case Number(s): _____

Address: _____

Phone #: _____ Alternative Phone #: _____

Date of Birth: _____ Marital Status: _____

Age: _____ Social Security #: _____

Driver's License # _____ State: _____ Status: _____

Household size: 1 2 3 4 5+ Do you have transportation? Yes No

Military

Branch: _____ Enlistment Date: _____

Type of Discharge: _____ Discharge Date: _____

Have you served in a combat zone? Yes No If yes, when and where? _____

Do you receive VA services? Yes No If yes, what services? _____

Employment

Are you currently employed? Yes No If yes, where? _____

Address: _____ Phone: _____ Supervisor: _____

Are you disabled? Yes No Amount of disability: _____

Amount of income: _____ Additional sources and amount: _____

Education

High School/College: _____ Last Grade Completed: _____

Graduation Year: _____ College Degrees: _____

Additional Skills: _____

Arrest History

Current Charge(s): _____ Attorney: _____

Are you on Probation? Yes No If yes, where? _____

If yes, Name of probation officer: _____ Phone: _____

Have you been on probation in the past? Yes No If yes, where? _____

Prior jail/prison? Yes No If yes, when and where: _____

Pending Charges: _____

Prior Charge(s): Yes No If yes, list each below.

Charge: _____ When: _____ Where: _____ Outcome: _____

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Health

Do you have health problems? Yes No If yes, specify: _____

Do you have a Mental Illness? Yes No If yes, specify: _____

List all medications: _____

List all pharmacies you use: _____

Health

List all doctors and facilities you see

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Substance Abuse History

Use History

What is your drug(s) of choice? _____ How long have you used? _____

Do you believe that you have a substance abuse problem? Yes No

Do you believe that you need treatment for substance abuse? Yes No

Please mark substances you have used and provide the date last used.

Marijuana _____ Cocaine _____ Crack _____ Meth _____

Opiates _____ Benzos _____ Barbiturates _____ Methadone _____

Heroin _____ LSD _____ Alcohol _____ Others (specify) _____

Treatment History

Have you received inpatient treatment? Yes No

If yes, where? _____ How long did you receive it? _____

Have you received outpatient treatment? Yes No

If yes, where? _____ How long did you receive it? _____

Any other treatment: _____

Before signing this document, verify that the content you are signing is correct.

Applicants Signature

Date