



VETERANS TREATMENT COURT OF DANE COUNTY



APPLICATION

(instructions on reverse side)

(Applications must be completed clearly, fully and legibly. You may attach a supplemental page if needed.)

A. Demographics

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Last 4 Social Security #: _____ Married Single Divorced # of Children: _____

Address: _____ Apt. # _____ City _____ Zip Code _____

Cell Phone: _____ Other Phone: _____ Email: _____

Currently Employed: No Yes, Employer: _____ Type of Employment: _____

Alternative/Emergency Contact: Name _____ Phone _____

Do you have a driver's license? No Yes, Valid ___ or Suspended/Revoked ___

How would you get to the multiple required weekly appointments held at the Madison VA Hospital? _____

B. U.S. Military Service

Branch of Service: _____ Approximate Dates of Service: _____ to _____

Were you ever deployed to a combat zone? No Yes

C. Criminal Case

Case Number(s): _____ Case County: _____

Next Court Date: _____ Defense Attorney: _____ Prosecutor: _____

Charges: _____

Plea Agreement (already reached) Incorporating Veterans Treatment Court (e.g., charges to be dismissed, held open, pled to):

D. Health Issues

1. Have you ever received treatment at a V.A. Hospital? No Yes, Location: _____

2. Has alcohol, drugs or a mental health condition played a role in your involvement with the criminal justice system?

No Yes, How: _____

3. If accepted into Veterans Treatment Court, would you commit to meaningfully engaging in any treatment/classes/groups/counseling for any alcohol, drug, mental health or behavioral condition, as determined appropriate by VA treatment professionals (a requirement of Veterans Treatment Court)? No Yes

E. Reason for Application

Why are you applying to join Veterans Treatment Court? _____

Signature: _____ Date: _____

INSTRUCTIONS TO APPLY FOR ENTRY INTO THE VETERANS TREATMENT COURT

1. Complete the Application form and attached VA Release of Records in easy-to-read handwriting or print. Illegible forms will be rejected. PLEASE NOTE: Before you submit the application, you must have a plea agreement worked out between the prosecution and defense that incorporates the Veterans Treatment Court (e.g., plea to count 1 for probation with successful completion of Veterans Treatment Court as a condition; count 2 will be held open and dismissed upon successful completion of Veterans Treatment Court).
2. Submit the completed Application form and VA Release of Records to the Clerk (see contact information below).
3. As part of the eligibility determination, you will be provided with a date/time/location to meet with a VA representative. Failure to meet as scheduled will result in rejection of your application.
4. If you are determined to be eligible for participation in Veterans Treatment Court, your application will be considered, along with all other applications, at a monthly Veterans Treatment Court Team administrative meeting.
5. After the administrative meeting, you will receive a letter indicating that your application has been either (a) approved, (b) declined or (c) held for reconsideration at the following month's administrative meeting.
6. If your application is approved, the approval letter will state the date/time/location of your plea/sentencing hearing before the Veterans Treatment Court Judge.

****Questions may be directed to: Clerk for Dane County Circuit Court Branch 11, courtroom 5A;
215 S. Hamilton St.; Madison 53711; FAX 608.267.4151; PHONE (608)267-8802**

		FOR OFFICE USE ONLY		Applicant Meeting: 11:00 on _____	
<input type="checkbox"/> E <input type="checkbox"/> I Form _____	_____	<input type="checkbox"/> E <input type="checkbox"/> I CVSO _____	_____	<input type="checkbox"/> E <input type="checkbox"/> I VJOC _____	_____
Date	By	Date	By	Date	By