

**Second Judicial Circuit
Veterans Treatment Court Application**

Date: _____

Defendant's Name: _____ **VA Services Eligible?** Yes No

Phone No.: _____ **email:** _____

DOB: _____ **SSN:** _____ **DL#:** _____ **Race/Sex:** _____

Defendant's Address: _____

Family Member/Contact: _____ **Phone No.:** _____

Military Branch: _____ **Dates of Service:** _____

Discharge (please provide supporting documentation): _____

Defendant's Charges: _____

Date of Arrest: _____ **General Sessions** **Municipal** **Magistrate**

In Jail: _____ **Out of Jail:** _____ **Drug of Choice/Addiction:** _____

Mental Health Diagnosis: _____ **Medication:** _____

Solicitor Assigned: _____ **Phone No.:** _____

Defense Attorney: _____ **Phone No.:** _____

Probation/Parole/Community Supervision Status: On: ____ Not On: ____ **Agent:** _____

Additional Information (To be completed by applicant)

Do you have any warrants or legal matters in this state or any other state aside from the pending criminal charges listed above?

Y / N If yes, please explain:

Have you ever had any type of counseling or treatment? Y / N

If yes, when and where:

Have you ever been in Drug Court/Mental Health Court/Veterans Court in this state or any other state before? Y / N

If yes to either question, please provide specific program details and dates:

Do you currently have a Restraining Order or Order of Protection in any state? Y / N

If yes to either, please list location and details:

Are you currently employed? Y / N / **DISABLED**

For how long? _____ Where? _____ Hours/week **OR** Percentage of disability: _____

Do you have a valid Drivers License (must submit copy with application and insurance card)? Y / N
If not, how do you plan to get to work, testing, treatment, and court?

Your current level of education? _____ Are you willing to pursue further education? Y / N

Are you willing to be considered for Medication Assisted Treatment? Y / N

Do you have any children? Y / N How many/ages?

Are you currently pregnant? Y / N

Do you have court ordered child support in any county or any state? Y / N

If yes, please provide county, number of cases, if current and support amount due per Court Order(s):

Address where you will be living during the program; name and relationship of **all** people living at residence (specify if temporary/transitional housing is needed):

List any family/social support willing to assist you with requirements and include contact information:

Do you have any physical/mental health issues for which you are required to take medication? Y / N

If yes, please list doctor's name(s) and current prescriptions (only non-narcotic medication is allowed in this program without prior court approval)?

Do you agree to continue taking all your medication as prescribed by the doctor in order to remain in this program: Y / N

What Criminal Charges are you applying to VTC for and the dates of arrest, and the court and/or charging agency:

I hereby authorize the release of my legal and treatment information, including information gathered for screening and assessment purposes, to all parties deemed necessary and involved with the Veterans Treatment Court. Parties involved may include, but are not limited to, the Public Defender's Office, Solicitor's Office, Probation and Parole, the VA, and the treatment provider. I also authorize the Veterans Treatment Court to contact any victim(s) associated with these charges in order to gain their consent to the program if needed.

Signing of this application is my statement that the information I have given is correct and true.

Signature: _____

Witness: _____

Date: _____

Name: _____

Relationship to the Applicant: _____

Date: _____

Submit Completed Application form to the following:

Veterans Treatment Court Program
VTCourt@aikencountysc.gov
1930 University Parkway
Suite 1500
Aiken, SC 29801
Office (803) 648-8637, ext. 1380 Fax
(803) 648-8636