Pulaski County Veterans Treatment Court Referral Checklist

Forms to be turned in with your referral:

<u>Pulaski County Treatment Courts Referral Form</u> – Please fill out ALL sections of this form to the
best of your ability.
<u>Military History Questionnaire</u> – Please have the potential participant complete the entire form.
Copy of DD214 (Military Discharge Form) – Please include a copy of the applicant's DD214 to
confirm his/her military service and character of service. (If you have any questions or need help
obtaining a copy of the DD214, please contact: Brent Frain, Pulaski County VA Service Officer,

Referrals will not be considered until the above documentation has been received. Please send the above information to the Veterans Treatment Court (VTC) Coordinator via mail, email, or fax:

Courthouse Annex Room 210, 125 S. Riverside Dr., Winamac, Indiana 46996. Phone: 574-946-3571.)

Dr. Natalie Daily Federer JDAI and Veterans Court Coordinator 110 E. Meridian St. Winamac, Indiana 46996 Phone: 574-946-3371

Fax: 574-946-3573

Email: nldaily@pulaskicounty.in.gov

For your information:

<u>Veterans Treatment Court Informational Handout</u>: This handout provides an overview of program admission criteria and an overview of program requirements. Please note that meeting eligibility requirements does not guarantee admission into VTC; it is at the discretion of the VTC Team.

Referral Process:

- 1) After all of the relevant forms have been sent to the VTC Coordinator, the Coordinator will review the referral for appropriateness.
- 2) If the referral is complete and appropriate, the Coordinator will schedule a time to meet with the applicant for a screening interview.
- 3) Review of application by the Veterans Treatment Court Team.

Please contact the VTC Coordinator with any questions.

PULASKI COUNTY VETERANS TREATMENT COURT APPLICATION AND REFERRAL FORM

DEFENDANT IN	NFORMAT	ION	DATE :		
Request Date:			_ Current Location	1:	
Client Name:					
			City	State	Zip Code
Sex:			Permanent Addr	ess:	
Date of Birth:					
Social Security Nu	umber:		City –	State	Zip Code
Phone Number:			_ County:		
VETERAN/ MIL			rmed Forces? YES	□ NO	
			Didway		
Type of discharge	•		Did you se	erve ili combat?	
Do you have, or h	ave ever had	l, the following:			
Drug Problem	\square YES	□ NO	Bipolar Disorder	r 🗆 YE	S 🗆 NO
Alcohol Problem	\square YES	□ NO	Traumatic Brain	Injury YE	S □ NO
Depression	\square YES	□ NO	Other (Please Li	st):	
Anxiety	☐ YES	□ NO			
PTSD	□ YES	□ NO			
Highest level of e	ducation co	ompleted:			
☐ 11 th Grade o	r Below [High School Di	ploma/GED Some	College 🔲 (College Grad
•		license:			
If YES, Operator'					
	State of Ice	anonoo:			

REFERRAL SOURCE

Attorney Information:			
Name of Attorney:			
Email Address (if k	known):		
Referral Information:			
Name of Referral:			
Phone Number:			
COMPETENCY AN ISS			
Employer	Address	Phone #	Supervisor
Marital Status: ☐ SIN			D 🗆 DIVORCED
Are you presently involved	-	_	4
If YES, with whom:		Date of Bir	th:/
Address:	□ YES □ NO		
,			
CRIMINAL INFORMAT			
Cause Number	Current Charges		County

Have you ever been arreste	d, charged, convicted/adjudica	ted, cited (including Vehicle Code v	iolations) or
held by any law-enforcement	nt or juvenile authorities in the	United States regardless of whether the	ne citation or
charge was dropped or dis	missed or you were found no	guilty or whether the record has be	een "sealed"
expunged or otherwise stric	ken from the court records on	any occasion other than this arrest:	
□ YES □ NO			
Are you presently on proba	tion or parole: YES NO		
If YES, where and v	who is your probation/parole of	ficer and Cause Number:	
State/County:			
P.O. Name:			
Cause Number:			
Are you presently on bail or	do you have any other outstar	ding criminal charges outside of Pula	aski County?
□ YES □ NO			
If YES, what are the	e charges and from where:		
Cause Number:	Charges	County	
By signing, I have read or ha	ad read to me the Treatment Cor	ort description and acknowledge that I	will commit
		ge if accepted. I have been truthful, t	
my knowledge, with regard	to all my answers in this appli	cation.	
•	•		
Signature:		Date:	
If you have any questions as	to the program you are applying	g for, please read the policy and proce	dure manual
· -	d further assistance, please con		
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Pulaski County Veterans Treatment Court Dr. Natalie Daily Federer • 574-946-3371