

# ARMSTRONG COUNTY VETERANS TREATMENT COURT

## Referral and Application\*

**\*Only for people who served in the US Military/Veterans.**

*Complete and submit this application along with a copy of the criminal complaint and affidavit (if available) by mail or fax to: Armstrong County Probation Office, Attn: Kayla Pitzerell, 500 East Market Street, Room 303 – Courthouse, Kittanning, PA 16201; FAX (724) 548-3460; email: kmpitzerell@co.armstrong.pa.us*

REFERRAL SOURCE	
Name:	Position/Title:
Phone: (     )	Email:
Relationship to Applicant:	Date of Referral:

DEFENDANT INFORMATION			
Name: <small>First                      Middle                      Last</small>		Alias: <small>(or maiden name)</small>	
Physical Address: <small>Street</small>		<small>City</small>	<small>State      Zip Code</small>
Mailing Address: <small>Same as above <input type="checkbox"/>      Street/PO Box</small>		<small>City</small>	<small>State      Zip Code</small>
County of Residence:		Currently Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone: (     )	Cell: (     )	Email:	
Work Phone: (     )	Primary language spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
Date of Birth:		Social Security Number:	
Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Bi-racial <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Unknown/Unreported			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown/Unreported		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Height:	Weight:	Hair Color:	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Possess a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Expired	License #:
If revoked/suspended, are you ready to regain driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prior participation in a problem-solving court? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify county:	

LEGAL REPRESENTATION			
Select One: <input type="checkbox"/> Public Defender <input type="checkbox"/> Private Attorney <input type="checkbox"/> Public Defender Pending			
Attorney's Name:		Firm <small>(if private)</small> :	
Address: <small>Street</small>		<small>City</small>	<small>State      Zip Code</small>
Phone: (     )	Fax: (     )	Email:	

**CRIMINAL/CHARGE INFORMATION**

Please list all pending cases. Cases not included below will not be considered for acceptance. The addition of cases at a later date will delay the application process. You may attach an additional page if necessary.

Docket Number	Offense Tracking Number (OTN)	Offense(s)	Grade

Did you use or possess a weapon? Yes No

If yes, list:

Have you ever had a PFA entered against you? Yes No

Has it been violated? Yes No

Attach an additional page if you have more cases and/or charges. Additional page attached? Yes No

**SUBSTANCE ABUSE HISTORY**

Have you ever abused drugs or alcohol? Yes No

Currently abusing? Yes No

Have you ever received drug or alcohol inpatient or outpatient treatment? Yes No

Currently in treatment? Yes No

Drug(s) of Choice:

1<sup>st</sup> drug of choice

2<sup>nd</sup>

3<sup>rd</sup>

Age began using drugs:

Age began alcohol use:

History of IV Drug Use? Yes No

**MEDICAL/TREATMENT HISTORY**

Prior psychiatric mental health inpatient/outpatient treatment? Yes No

Currently in mental health treatment? Yes No

If yes to the questions above, was the mental health diagnosis connected to military service? Yes No

Pharmacological interventions (medications) for substance abuse? Yes No

If yes, list medication(s):  
(e.g., Methadone, Vivitrol, Suboxone)

Medical Insurance: Medicaid Medicare None

Private Insurance (specify):  
Other (specify):

If female, are you pregnant? Yes No

If yes, indicate your due date:

List any past or present medical conditions:

List any medications you are taking:

**EDUCATION, EMPLOYMENT, AND HOUSING STATUS**Highest level of Education completed (select one):

- Any grade up to 11<sup>th</sup>       GED       High School Diploma       Some Trade School  
 Trade School Graduate       Some College       College Graduate (2 year)       College Graduate (4 year)  
 Some Post Graduate       Advanced Degree

Employment Status (select one):

- Unemployed       Employed Full-Time (35 or more hours/week)\*       Volunteer  
 Retired       Employed Part-Time (less than 35 hours/week)\*       Disabled  
 Student Full-Time      \*Specify occupation:

Primary Source of Support (select all that apply):

- Adoption Subsidy       Social Security (SSI)       Social Security Disability (SSD)       Welfare       None  
 Foster Care Subsidy       Retirement Plan       Workers Compensation       Family       Other  
 Unemployment       Veterans Benefits       Salary/Wages       Disability

Housing Status (select one):  Independent  Dependent (*incarcerated, with friends, etc.*)  Homeless**FAMILY/CHILDREN INFORMATION**

Living Arrangements:  Single       Separated       Widowed      \*Name of spouse  
 Married\*       Divorced       Living Together\*      or partner:

# of Children:      # of Dependent Children:      Custody of all minor children:  Yes  No  N/A

Visitation rights for all children not residing with you?  Yes  No  N/A      Child support amount: (if applicable)

Currently have contact with your primary family?  Yes  No  N/A      \$      per month

**MILITARY HISTORY**Have you (defendant) ever been in the military?  Yes  No *If yes, please answer the questions below.*

Branch:      Enlistment Date:      Years of Service:

Discharge Type (select one):

- Still serving       Dishonorable       Clemency       Other than honorable       General (*includes medical*)  
 Honorable       Bad Conduct       Dismissal       Entry level separation

Discharge Date:      Rank at Discharge:

Any criminal convictions prior to military service?  Yes  No      Incarcerated while in military?  Yes  No

Deployed abroad:  Yes  No      If yes, specify where:

Military combat:  Yes  No      If yes, specify the number of deployments to combat zones:

Conflict Era of Service (select all that apply):       Korea       ODS (*Iraq/Kuwait 1990-2003*)       OIF (*Iraq 2003-2010*)  
 Vietnam       OEF (*Afghanistan 2001-present*)       OND (*Iraq 2010-present*)

Diagnosed with (select all that apply):  PTSD  TBI  MST      Eligible for VA Benefits:  Yes  No

**DO NOT COMPLETE THIS SECTION - OFFICIAL COORDINATOR USE ONLY***Date(s) Distributed for Review*

DA:      TX/VJO:      R/N:

I,

\_\_\_\_\_ (Print Name)

, verify that the facts set forth on the foregoing application are true and correct. I further understand and agree that by submitting this application I am waiving my right to a Speedy Trial under Rule 600 and that any time spent in processing my application will be excluded in computing time pursuant to Rule 600, whether or not I am accepted into the Veteran's Court Program

Date: \_\_\_\_/\_\_\_\_/\_20\_\_

\_\_\_\_\_ (Signature)