



JUSTICE FOR VETS

WOODBURY COUNTY VETERANS' TREATMENT COURT APPLICATION

Third Judicial Circuit

Date of Application	Please submit completed application to the Woodbury County Veterans' Treatment Court Coordinator, Pam Calhoun. Submit by E-mail: pam.calhoun@iowacourts.gov . or Fax-712-279-6631, or in person to Pam Calhoun, Woodbury County Courthouse, 620 Douglas Street, Suite 210, Sioux City IA 51101.		
Name (Last, First, Middle)	Race	Sex	Date of Birth
Current Address (Street)	Telephone Number	Cell Phone Number	
City	State	Zip	How Long at this Address?
County of Residence:	Reliable Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status:	Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Live with/relationship:	
Emergency Contact	Relationship	Telephone Number	
Current Employer	Monthly Income	Receiving Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> College Graduate <input type="checkbox"/> Vocational Training			
On Probation Currently <input type="checkbox"/> Yes <input type="checkbox"/> No	Probation Officer		
Current Charges:	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No		Where:
Offense Date:	Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court:		Charges:
VA Assessment Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where/when?		
Do you now or have you ever received services from the US Department of Veterans Affairs? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when and where:			
Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Dates of Service (Attach DD214)	Discharge Type/Date:
Were you deployed to a combat zone or hazardous duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where:		
Have you been treated for/diagnosed with PTSD, a service related mental disorder or a traumatic brain injury (TBI) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:		
Defense Attorney Name	Telephone Number		
<p>"The defendant consents to the disclosure of Veteran Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Veteran Court Program."</p> <p style="text-align: center;"><i>I wish to apply to the Woodbury County Veterans' Treatment Court.</i></p>			
_____	_____	_____	_____
Applicant Signature	Date	Defense Attorney Signature	Date