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|  | | | | | | | | **WOODBURY COUNTY VETERANS’ TREATMENT COURT APPLICATION**  **Third Judicial Circuit** | | | | | | | | | | | | | | |
| Date of Application | Please submit completed application to the Woodbury County Veterans’ Treatment Court Coordinator, Staci Maxfield. Submit by E-mail: [staci.maxfield@iowacourts.gov](mailto:staci.maxfield@iowacourts.gov). or Fax-712-279-6631, or in person to Staci Maxfield, 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  Yes  No | | | | | | | | | | | | | | | Valid Driver’s License  Yes  No | | | | |
| Marital Status: | | | | | | Do You Have Children?  Yes  No | | | | | | | Live with/relationship: | | | | | | | | | |
| Emergency Contact | | | | | Relationship | | | | | | | | | | | | | Telephone Number | | | | |
| Current Employer | | | | | Monthly Income | | | | | | | | | | | | | Receiving Disability?  Yes  No | | | | |
| Education  GED  High School Diploma  College Graduate  Vocational Training | | | | | | | | | | | | | | | | | | | | | | |
| On Probation Currently  Yes  No | | | | | | | | | | Probation Officer | | | | | | | | | | | | |
| Current Charges:  Offense Date: | | | | | | | | | | | | | | | | | | | | | In Custody  Yes  No  Where: | |
| Do you have any matters pending in any other court?  Yes  No  If yes, name of court: | | | | | | | | | | | | | | | | Charges: | | | | | | |
| VA Assessment Completed  Yes  No | | | | | | | | | If so, where/when? | | | | | | | | | | | | | |
| Do you now or have you ever received services from the US Department of Veterans Affairs?  Yes  No  If so, when and where: | | | | | | | | | | | | | | | | | | | | | | |
| Armed Forces Veteran?  Yes  No | | Branch | | | | | Dates of Service **(Attach DD214)** | | | | | | | | | | | | Discharge Type/Date: | | | |
| Were you deployed to a combat zone or hazardous duty?  Yes  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) Yes  No | | | | | | | | | | | | | | If yes, explain: | | | | | | | | |
| Defense Attorney Name | | | | | | | | | | | | | | Telephone Number | | | | | | | | |
| **“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.” *I wish to apply to the Woodbury County Veterans’ Treatment Court.*** | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature Date | | | | | | | | | | | | Defense Attorney Signature Date | | | | | | | | | | |