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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. 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 [ ]  NoWhere:  |
| 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 |