



# JUSTICE FOR VETS

## Codington County Veterans Court Application

Third Judicial Circuit

Date of Application	Please submit completed application to the Codington County Veteran's Court Coordinator, Tiffany Barthel, email: <a href="mailto:Tiffany.Barthel@ujs.state.sd.us">Tiffany.Barthel@ujs.state.sd.us</a> or fax 605-882-5106.		
Name (Last, First, Middle)		Alias	
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
Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Dependents	
Emergency Contact	Relationship		Telephone Number
Current Employer	Monthly Income	Receiving Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
VA Assessment Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, where/when?	
Highest Grade Completed		GED <input type="checkbox"/>	
On Probation Currently <input type="checkbox"/> Yes <input type="checkbox"/> No		Probation Officer	
Current Charges			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:	
Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Dates of Service	Discharge Type/Date:
Were you deployed to a combat zone or hazardous duty? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, dates:	
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 Codington County Veterans Court.</i></p>			
_____ Defense Attorney Signature		_____ Date	
_____ Applicant Signature		_____ Date	

