



Unified Judicial System

Application to the Pennington County Veterans Court Program

Referring Party:

Date of Application:	Disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No What:	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:
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Name:	Date of Birth:
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Alias:	Gender:
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Race:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
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Phone Number:	Email Address:
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Current living arrangements: Renting Hotel/Motel With Friend/Family Jail Homeless

Address:

City:	State:	Zip Code:
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How long at this address:	Other states lived in:
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Driver's License Status: None Expired Revoked Suspended Valid:

Driver's License Number:	State:
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State ID Number:	State:
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Do you have your Photo ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have your Social Security Card: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Next of Kin:	Relationship:
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Address:	Phone Number:
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Marital Status: Single Married Separated Divorced Widowed Co-Habiting

Significant Other:

Address:	Phone Number:
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Children

Full Name:	Year of Birth:	Full Name	Year of Birth:

Other Members of Household

Full Name:	Full Name:

Primary Source of Income:		Monthly Income: \$
Employer:		Supervisor:
Address:		Phone Number:
Drugs of Choice:		
Current IV drug user: <input type="checkbox"/> Yes <input type="checkbox"/> No		Past IV drug user: <input type="checkbox"/> Yes <input type="checkbox"/> No
Addiction Treatment Needs Assessment completed within the past 6 months: <input type="checkbox"/> Yes <input type="checkbox"/> No **IF YES — Provide a copy to the Problem-Solving Courts Coordinator		
Mental Health Provider:		Medical Doctor:
List all MENTAL HEALTH diagnoses:		List all MEDICAL diagnoses:
List all MENTAL HEALTH medications:		List all MEDICAL medications:
Highest Grade Completed:		<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> College Degree
Age of first arrest:	Gang Affiliation:	
Number of lifetime MISDEMEANOR arrests:		Number of lifetime FELONY arrests:
Number of lifetime MISDEMEANOR convictions:		Number of lifetime FELONY convictions:
Current Charges:		
Defense Attorney:		
Probation Officer:		
Previous Problem-Solving Court participation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Court:		When:
Have you ever been sentenced to prison: <input type="checkbox"/> Yes <input type="checkbox"/> No		When:

Veteran Information

Have you served in the Military or US Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you served in the US National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No
Branch:	Branch:
Dates of Service:	Dates of Service:
Deployment/Combat Service:	Deployment/Combat Service:
Type of Discharge:	Type of Discharge:
Discharge Reason:	Discharge Reason:
Date of Discharge:	Date of Discharge:
Rank at Discharge:	Rank at Discharge:
Do you have a copy of your DD-214? <input type="checkbox"/> Yes <input type="checkbox"/> No **IF YES — Provide a copy to the Problem-Solving Courts Coordinator **IF NO — Provide a signed <u>Standard Form 180 Request Pertaining to Military Records</u> to the Problem-Solving Courts Coordinator for verification of military service	Do you have a copy of your DD-214? <input type="checkbox"/> Yes <input type="checkbox"/> No **IF YES — Provide a copy to the Problem-Solving Courts Coordinator **IF NO — Provide a signed <u>Standard Form 180 Request Pertaining to Military Records</u> to the Problem-Solving Courts Coordinator for verification of military service
Have you ever registered your DD-214 at any County Register of Deeds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever received services at any VA Clinic or Medical Center: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a VA medical ID Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a VA doctor: <input type="checkbox"/> Yes <input type="checkbox"/> No
“The defendant consents to the disclosure of Problem-Solving Court application information, including a Risk/Needs Assessment and an Addiction Treatment Needs Assessment or a Mental Health Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Problem-Solving Court Program.”	
_____ Applicant Signature	_____ Date
_____ Defense Attorney Signature	_____ Date