

INDIANA COUNTY VETERANS TREATMENT COURT

Referral and Application

Complete and submit this application along with a copy of the criminal complaint and affidavit (if available) by mail or fax to: A.J. Smeltz, Indiana County Probation Department, Indiana County Courthouse, 825 Philadelphia Street, Indiana, PA 15701. Fax 724-465-3831, Email: asmeltz@indianacountypa.gov

| REFERRAL SOURCE | |
|----------------------------|-------------------|
| Name: | Position/Title: |
| Phone: () | Email: |
| Relationship to Applicant: | Date of Referral: |

| DEFENDANT INFORMATION | | | |
|---|--|--|--|
| Name: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> First Middle Last </div> | | | Alias: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (or maiden name) </div> |
| Physical Address: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Street City State Zip Code </div> | | | |
| Mailing Address: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Same as above <input type="checkbox"/> Street/PO Box City State Zip Code </div> | | | |
| County of Residence: | Currently Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Home Phone: () | Cell: () | Email: | |
| Work Phone: () | Primary language spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: | | |
| Date of Birth: | Social Security Number: | | |
| Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Bi-racial <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Unknown/Unreported | | | |
| Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown/Unreported | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | |
| Height: | Weight: | Hair Color: | Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Possess a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Expired | License #: |
| If revoked/suspended, are you ready to regain driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Prior participation in a problem-solving court? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, specify county: | |

| LEGAL REPRESENTATION | | | |
|---|-----------------|--------------------|--|
| Select One: <input type="checkbox"/> Public Defender <input type="checkbox"/> Private Attorney <input type="checkbox"/> Public Defender Pending | | | |
| Attorney's Name: | | Firm (if private): | |
| Address: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Street City State Zip Code </div> | | | |
| Phone: () | Fax: () | Email: | |

CRIMINAL/CHARGE INFORMATION

Please list all pending cases. Cases not included below will not be considered for acceptance. The addition of cases at a later date will delay the application process. You may attach an additional page if necessary.

| Docket Number | Offense Tracking Number (OTN) | Offense(s) | Grade |
|---------------|-------------------------------|------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Did you use or possess a weapon? ☐ Yes ☐ No

If yes, list:

Have you ever had a PFA entered against you? ☐ Yes ☐ No

Has it been violated? ☐ Yes ☐ No

Attach an additional page if you have more cases and/or charges. Additional page attached? ☐ Yes ☐ No

SUBSTANCE ABUSE HISTORY

Have you ever abused drugs or alcohol? ☐ Yes ☐ No

Currently abusing? ☐ Yes ☐ No

Have you ever received drug or alcohol inpatient or outpatient treatment? ☐ Yes ☐ No

Currently in treatment? ☐ Yes ☐ No

Drug(s) of Choice:

1st drug of choice

2nd

3rd

Age began using drugs:

Age began alcohol use:

History of IV Drug Use? ☐ Yes ☐ No

MEDICAL/TREATMENT HISTORY

Prior psychiatric mental health inpatient/outpatient treatment? ☐ Yes ☐ No

Currently in mental health treatment? ☐ Yes ☐ No

If yes to the questions above, was the mental health diagnosis connected to military service? ☐ Yes ☐ No

Pharmacological interventions (medications) for substance abuse? ☐ Yes ☐ No

If yes, list medication(s):
(e.g., Methadone, Vivitrol, Suboxone)

Medical Insurance: ☐ Medicaid ☐ Medicare ☐ None

☐ Private Insurance (specify):
☐ Other (specify):

If female, are you pregnant? ☐ Yes ☐ No

If yes, indicate your due date:

List any past or present medical conditions:

List any medications you are taking:

EDUCATION, EMPLOYMENT, AND HOUSING STATUS

Highest level of Education completed (select one):

- ☐ Any grade up to 11th ☐ GED ☐ High School Diploma ☐ Some Trade School
☐ Trade School Graduate ☐ Some College ☐ College Graduate (2 year) ☐ College Graduate (4 year)
☐ Some Post Graduate ☐ Advanced Degree

Employment Status (select one):

- ☐ Unemployed ☐ Employed Full-Time (35 or more hours/week)* ☐ Volunteer
☐ Retired ☐ Employed Part-Time (less than 35 hours/week)* ☐ Disabled
☐ Student Full-Time *Specify occupation:

Primary Source of Support (select all that apply):

- ☐ Adoption Subsidy ☐ Social Security (SSI) ☐ Social Security Disability (SSD) ☐ Welfare ☐ None
☐ Foster Care Subsidy ☐ Retirement Plan ☐ Workers Compensation ☐ Family ☐ Other
☐ Unemployment ☐ Veterans Benefits ☐ Salary/Wages ☐ Disability

Housing Status (select one): ☐ Independent ☐ Dependent (*incarcerated, with friends, etc.*) ☐ Homeless

FAMILY/CHILDREN INFORMATION

| | | |
|---|---|--|
| Living Arrangements: | <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | *Name of spouse or partner: |
| | <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together* | |
| # of Children: | # of Dependent Children: | Custody of all minor children: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Visitation rights for all children not residing with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | Child support amount: (if applicable) |
| Currently have contact with your primary family? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | \$ _____ per month |

MILITARY HISTORY

Have you (defendant) ever been in the military? ☐ Yes ☐ No If yes, please answer the questions below.

| | | |
|---|--|--|
| Branch: | Enlistment Date: | Years of Service: |
| Discharge Type (select one): | | |
| <input type="checkbox"/> Still serving <input type="checkbox"/> Dishonorable <input type="checkbox"/> Clemency <input type="checkbox"/> Other than honorable <input type="checkbox"/> General (<i>includes medical</i>) <input type="checkbox"/> Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dismissal <input type="checkbox"/> Entry level separation | | |
| Discharge Date: | Rank at Discharge: | |
| Any criminal convictions prior to military service? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Incarcerated while in military? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Deployed abroad: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, specify where: | |
| Military combat: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, specify the number of deployments to combat zones: | |
| Conflict Era of Service (select all that apply): | | |
| <input type="checkbox"/> Korea <input type="checkbox"/> ODS (<i>Iraq/Kuwait 1990-2003</i>) <input type="checkbox"/> OIF (<i>Iraq 2003-2010</i>) <input type="checkbox"/> Vietnam <input type="checkbox"/> OEF (<i>Afghanistan 2001-present</i>) <input type="checkbox"/> OND (<i>Iraq 2010-present</i>) | | |
| Diagnosed with (select all that apply): <input type="checkbox"/> PTSD <input type="checkbox"/> TBI <input type="checkbox"/> MST | | Eligible for VA Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No |

DO NOT COMPLETE THIS SECTION - OFFICIAL COORDINATOR USE ONLY

Date(s) Distributed for Review

| | | |
|-----|------|------------|
| DA: | VJO: | Probation: |
|-----|------|------------|