

Comal County
County Court at Law No. 2
Judge Charles A. Stephens, II

Veterans Treatment Court



Application



Comal County
Veterans Treatment Court
Application

Application Requirements

All Applicants must submit the following items when applying for the VTC:

1. ____ Complete VTC Application;
2. ____ Formal documentation showing military service and discharge (DD214);
3. ____ Formal documentation showing that you have been diagnosed with Post-Traumatic Stress Disorder, Traumatic Brain Injury, a Mental Health Disorder, or a Substance Abuse Disorder and the degree of severity of the disorder;
4. ____ Detailed personal statement that includes the following:
 - a. That you've accepted full responsibility for your wrongdoing;
 - b. How your disorder is connected to the events you experienced during your military service;
 - c. How your disorder is related to the criminal offense for which you are charged;
 - d. Your role and contributions you made to the military;
 - e. Why you should be afforded an opportunity to participate in the VTC;
 - f. Any other information you want to have considered;

If you are unable to submit any of the above documentation, please attach a written statement explaining why you don't have it and what steps you've taken to acquire it.

Any packets submitted without the required documents and without an explanation will be returned to the applicant and will not be considered for Veterans Treatment Court.

****No information disclosed in the process of applying for Veterans Treatment Court will be used against the applicant in the prosecution of the criminal case against them.****

**The Veterans Treatment Court Handbook can be found online at
<http://www.co.comal.tx.us/VTC.htm>**

**APPLICATIONS SHOULD BE TURNED IN TO ALISHA FRASER, VTC COORDINATOR
(830) 221-1122 • 150 N. Seguin Ave., Ste. 301, NBTX 78130**

NOTICE OF NON-DISCRIMINATION: THE COMAL COUNTY VETERANS TREATMENT COURT WILL NOT DISCRIMINATE BASED ON AGE, RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, OR DISABILITY IN THE DELIVERY OF OUR SERVICES.



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PERSONAL INFORMATION

Full Legal Name: _____

Other Names: _____

Date of Birth: ____ / ____ / ____ SSN: ____ - ____ - ____ DL #: _____

US Citizen: ____ Y ____ N Number of children: ____ Marital Status: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell Phone/Other: (____) ____ - ____

Lives With/Relationship: _____ / _____

Emergency Contact/Relationship: _____ / _____

Home Phone: (____) ____ - ____ Cell Phone/Other: (____) ____ - ____

CRIMINAL CASE INFORMATION

Attorney Name: _____ Phone: (____) ____ - ____

Current Charge: _____ Case No: _____

_____ Case No: _____

_____ Case No: _____

Have you ever been arrested for a violent felony and/or sex crime? ____ Y ____ N

Are you subject to a Protective Order? ____ Y ____ N

Are you currently on probation or parole? ____ Y ____ N

If yes, Probation/Parole Officer's name: _____

MILITARY SERVICE

Branch of Service:

Army Navy Marines Air Force Coast Guard Reserves National Guard

Dates of Service: _____ to _____ Highest Rank: _____

Type of Discharge: _____ Rank at Discharge: _____

Have you served in a combat zone? ____ Y ____ N Where? _____

Have you received any Article 15/Disciplinary Actions/Military convictions? ____ Y ____ N

Describe: _____



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EDUCATION

Highest level of education: ___ HS Diploma ___ GED ___ College ___ Vocational Training

List all degrees or certificates: _____

SUBSTANCE ABUSE/MENTAL HEALTH

Are you currently receiving substance abuse treatment? ___ Y ___ N

Have you ever previously received substance abuse treatment? ___ Y ___ N

Are you currently receiving mental health treatment? ___ Y ___ N

Have you ever previously received mental health treatment? ___ Y ___ N

List any existing diagnoses:

1. _____ 3. _____

2. _____ 4. _____

Are you eligible to receive services from the VA? ___ Yes ___ No ___ Don't know

Do you receive services from the VA? ___ Yes ___ No Where? _____

Describe: _____

Do you have a service connected disability? ___ Yes ___ No

FINANCIAL INFORMATION

Total Monthly Income: \$ _____ Outstanding Debt: \$ _____

Sources of Income: _____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

By signing below, I affirm that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that making any false statements in this application could be grounds for my being denied admittance to the VTC.

Signature of Applicant

Date