

WOODBURY COUNTY VETERANS' TREATMENT COURT APPLICATION

Third Judicial Circuit

Street, Suite 210, Sloux City IA 51101. Name (Last, First, Middle) Race Sex Date of Birth	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										
City	-		210, Sloux City IA 5					Sex		Date of Birth		
County of Residence: Reliable Transportation Yes No Valid Driver's License Yes No Marital Status: Do You Have Children? Live with/relationship: Yes No Telephone Number	Current Address (Street)				Telephone Number			er		Cell Phone Number		
Marital Status: Do You Have Children? Live with/relationship:	City		State	Zi	Zip Ho		Hov	Long at this Address?				
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 Current Charges: In Custody Yes No Offense Date: Do you have any matters pending in any other court? Yes No If yes, name of court: 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? Branch Yes No Were you deployed to a combat zone or hazardous duty? Yes No Have you been treated for/diagnosed with PTSD, a service related mental disorder or a traumatic brain injury (TBI) Yes No Telephone Number Telephone Number Telephone Number	County of Residence:		Reli	ıble Transportation ☐ Yes ☐			□ No	lo Valid Driver's License ☐ Yes ☐ No				
Current Employer	Marital Status:						Live v	e with/relationship:				
Education	Emergency Contact			Relationship			Telephon			ie Number		
On Probation Currently	Current Employer			Monthly Income								
□ Yes □ No Current Charges: □ In Custody □ Yes □ No Offense Date: □ Do you have any matters pending in any other court? □ Yes □ No □ If yes, name of court: 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 □ Yes □ No □ Dates of Service (Attach DD214) □ Discharge Type/Date: □ Yes □ No □ Were you deployed to a combat zone or hazardous duty? □ Yes □ No □ Have you been treated for/diagnosed with PTSD, a service related mental disorder or a traumatic brain injury (TBI) □ Yes □ No □ Telephone Number □ Telephone												
Offense Date: Do you have any matters pending in any other court?						Probation Officer						
Do you have any matters pending in any other court?	-											
Do you now or have you ever received services from the US Department of Veterans Affairs?	Do you have any matters pending in any other court? \Box					Yes □						
Armed Forces Veteran? Branch Dates of Service (Attach DD214) Discharge Type/Date: Were you deployed to a combat zone or hazardous duty? If yes, when and where: Yes No Have you been treated for/diagnosed with PTSD, a service related mental disorder or a traumatic brain injury (TBI) Yes No 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.	VA Assessment Completed ☐ Yes ☐ No				lf :	If so, where/when?						
Were you deployed to a combat zone or hazardous duty? Yes												
Have you been treated for/diagnosed with PTSD, a service related mental disorder or a traumatic brain injury (TBI)					Dates of Service (Attach D			DD214)	Disch	narge Type/Date:		
mental disorder or a traumatic brain injury (TBI)	1											
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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.	Defense Attorney Name					Telepho			hone Numb	one Number		
Applicant Signature Date Defense Attorney Signature Date	Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Veteran Court Program."											
	Applicant Signature				Date			Defense Attorney Signature Date				