SECOND JUDICIAL DISTRICT OF WISCONSIN
VETERANS TREATMENT COURT
ELIGIBILITY APPLICATION

Submit completed form via fax, e-mail or US mail to:

Jennifer Hofmeister
Veterans Treatment Court Coordinator
1717 Taylor Avenue
3rd Floor
Racine, WI 53403
Phone: (262)638-6719
Fax: (262)638-7069 Email: Jennifer.hofmeister@racinecounty.com

Last Name: _____ First Name: _____ SS#: _____

DOB: _____ Phone: _____ Veterans e-Mail:_____

Home Address: _____ City: _____ State: _____ ZIP: _____

Defense Attorney Name: _____ Phone: _____ e-Mail: _____

Prosecutor's Name: _____ Veteran currently in jail, If so where_____

Are you currently on Community Supervision? _____Agent's Name_____

1. Did you ever serve in the United States Armed Forces (Army, Marines, Navy, Air Force, Coast Guard, National Guard or Reserves?)
   - ○ Yes ○ No
2. In what Branch(es) of the U. S. Armed Forces did you serve (*Circle Branch(es) and Status*)?
   - o Navy: Active Reserves
   - ○ Army: Active Reserves National Guard
   - o Marine Corps: Active Reserves
   - ○ Air Force: Active Reserves National Guard
   - o Coast Guard: Active Reserves
   - ○ Other – Specify _____
3. When did you first enter the U. S. Armed Forces? Month / Year: _____
4. When were you discharged last? Month / Year: _____
5. Altogether, how much time did you spend in the U. S. Armed Forces? Number of: Years: _____ Months:____ Days: _____
6. What type of discharge did you receive?
   - o Honorable ○ General (Under Honorable Conditions) ○ Dishonorable / Other than Honorable
   - o Bad Conduct ○ Entry Level Separation / Uncharacterized ○ Don't know
   - o Other – Specify _____
7. Where were you discharged? State: _____ County: _____
8. Have you ever received services at a VA Medical Center or Clinic?
   - o Yes – Where? _____ When? _____
   - o No
9. Do you receive VA Compensation or VA Pension Benefits?
   - ○ Yes ○ No
10. Have you received a Substance Abuse or Mental Health medical diagnosis?
    - o Yes (Describe below) ○ No
    - o Substance Abuse: Describe _____ ○ Mental Health: Describe _____
11. What is your legal / judicial information?: ○ Case # (*ex: 2012CF1234*): _____
    - ○ County (*Circle one*): Kenosha Racine Walworth

I authorize the County Veterans Service Officer and program coordinator to obtain verification of my military service and benefits for purposes of determination of my possible eligibility into the Second Judicial District's Veterans Treatment Court. **ALSO COMPLETE THE ATTACHED RELEASE FOR THE VA and submit it with this form**.

_____ _____ _____
Print Name Sign Name Date