



2nd Judicial District of Wisconsin

Veterans Treatment Court

ELIGIBILITY QUESTIONNAIRE

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: _____ Veteran's 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)

<input type="radio"/> Navy: Active Reserves	<input type="radio"/> Army: Active Reserves National Guard
<input type="radio"/> Marine Corps: Active Reserves	<input type="radio"/> Air Force: Active Reserves National Guard
<input type="radio"/> Coast Guard: Active Reserves	<input type="radio"/> 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?

<input type="radio"/> Honorable	<input type="radio"/> General (Under Honorable Conditions)	<input type="radio"/> Dishonorable / Other than Honorable
<input type="radio"/> Bad Conduct	<input type="radio"/> Entry Level Separation / Uncharacterized	<input type="radio"/> Don't know
<input type="radio"/> Other – Specify _____		

7. Where were you discharged? State: _____ County: _____

8. Have you ever received services at a VA Medical Center or Clinic?
 Yes – Where? _____ When? _____
 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?
 Yes (Describe below) No
 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 Justice Outreach Specialist to provide verification of my military service for purposes of determination of my possible eligibility into the Second Judicial District's Veterans Treatment Court. I authorize the coordinator to have communications with the defense and prosecuting attorneys and/or community supervision agent for purpose of determination of my possible eligibility for the program.

Print Name _____ Sign Name _____ Date _____