**Application for Veterans Treatment Court (VTC)**

All answers must be complete. After completing the application below, return it to the Court Services on the Fourth Floor of the Wyandotte County Courthouse along with proof that you have paid the application fee. The non-refundable program/application fee of $100 (in a money order, with a sealable envelope) must be paid to the Clerk of the District Court. If approved by the VTC, the program fee may be paid in installments over the course of the probation, and must be paid in full as a probation requirement. Refer to the VTC Policy for specifics regarding eligibility.

**Note:** This application must be completed and returned to Court Services on the Fourth Floor of the Wyandotte County Courthouse, and program/application fee paid (or an installment payment), or it will not be considered. If the Veteran has a DD214, please attach it to the application.

Last Name: Enter Text First Name: Enter text Middle Initial: text

Other names used: Click or tap here to enter text.

DOB: MM/DD/YY SSN: XXX-XX-XXXX Race: X Sex: M/F

Driver’s License #: Click or tap here to enter text. State: Enter text

City and State where you were born: Click or tap here to enter text.

Phone #: XXX-XXX-XXXX Alternate phone #: XXX-XXX-XXXX

E-mail: Click or tap here to enter text. Contact me by: Mail or Email

Street Address: Click or tap here to enter text. City: Enter text State: XX

Zip Code: XXXXX How long have you lived at this address? Enter text.

In what other cities have you lived?

City: Enter text State: XX Dates lived there: Enter text

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Are you a U.S. citizen?  Yes  No

If not, are you are foreign national registered with I.C.E.?  Yes  No

Marital Status: Click or tap here to enter text.

If married, spouse’s name: Click or tap here to enter text.

Number of dependents: Click or tap here to enter text. Ages: Click or tap here to enter text.

Do you live with someone other than the persons above: Yes  No

If yes, enter their names: Click or tap here to enter text.

Nearest Contact Name: Click or tap here to enter text. Phone #: XXX-XXX-XXXX

Nearest Contact Address: Click or tap here to enter text.

Nearest Contact Relationship to Defendant: Click or tap here to enter text.

Defense Attorney: Click or tap here to enter text. Phone #: Click or tap here to enter text.

Educational/Vocational training (highest grade completed):

Name of school Location Date Attended (MM/YY to MM/YY) Grade/Degree

School name Location MM/YY to MM/YY Grade/Degree

Military Service Branch: ArmyNavyMarinesAir Force

Coast Guard

Military Occupational Specialty/Code: Click or tap here to enter text.

Type of Discharge:  Honorable  General  Bad Conduct

Dishonorable

Do you have a copy of your DD214? Yes  No

Are you currently enrolled in the Veterans Affairs system? Yes  No

Department of Defense ID # (if known): Click or tap here to enter text.

Have you ever received or attended counseling or treatment for any of the following?

Alcohol  Drug Emotional  Psychological problem or disorder

If yes, state when, where and the reason for attendance: Click or tap here to enter text.

**Prior criminal offense record:** List all charged (whether convicted or not) adult incidents, arrests, citations, orders to appear, prosecutions, convictions, expungements or deferred prosecution agreements, including DUI’s and fleeing to elude, in Kansas and all states.

Include date of incident, agency, charge, and disposition: Click or tap here to enter text.

Explain why you will succeed in Veterans Treatment Court: Click or tap here to enter text.

I hereby apply for status as a participant in the Veterans Treatment Court (VTC) and request that the District Attorney temporarily delay proceedings against me in order to permit consideration of this application. I understand it is my responsibility to submit a VTC application in a prompt and timely fashion and within the guidelines set by the District Attorney and that it will be my responsibility to seek any waiver of jury trial in order to provide the necessary time for my VTC application to receive a full and complete review by the District Attorney’s Office. I understand if the District Attorney’s Office is required to make a decision concerning my application prior to the Office having an opportunity to make a full and complete review, my application request will be denied. I understand that the final decision to resume criminal proceedings in my case rests entirely with the District Attorney.

I understand that providing false or incomplete information in the application may be considered grounds for denying acceptance into the VTC. I also understand and agree that it is my responsibility to notify the District Attorney if an answer to any question in this application changes prior to the filing of my agreement, as failure to do so may be considered a violation of my agreement for VTC and the VTC may be revoked.

I understand that the District Attorney’s Office will conduct an investigation to determine my suitability for the VTC.

* I authorize the District Attorney’s Office to conduct a background check of my past military service record.
* I authorize the U.S. Department of Defense, the U.S. Department of Veterans Affairs, and any other evaluating agency participating in the VTC, to furnish the District Attorney’s Office with any and all information the District Attorney’s Office requests.
* I authorize the District Attorney’s Office to release all necessary records in their possession to the U.S. Department of Defense, the U.S. Department of Veterans Affairs, and any other evaluating agency which may participate in the VTC.

I understand that any information by me or authorized by me to be furnished to the District Attorney’s Office in connection with this investigation will be kept confidential.

I declare under penalty of perjury under the laws of the State of Kansas that I have personally read or have had read to me the above application for VTC and responses thereto and that all information contained in the foregoing application for the VTC is true and correct.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: XX/XX/XXXX