

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. \_\_\_\_ Photograph of you in military uniform (if available);
4. \_\_\_\_ 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;
5. \_\_\_\_ 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>**

**Apply in person or e-mail applications and attachments to [VTC@Co.Comal.Tx.US](mailto:VTC@Co.Comal.Tx.US)**

---

**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.**



Comal County  
Veterans Treatment Court  
**Application**

**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: \_\_\_\_\_

\_\_\_\_\_



Comal County  
Veterans Treatment Court  
**Application**

**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