

Comal County
County Court at Law No. 2
Judge Charles A. Stephens, II

Veterans Treatment Court



Application

Updated 11/07/18



Comal County
Veterans Treatment Court
Application

Completed Application Packet Requirements

All Applicants must submit the following items when applying for the VTC:

1. ____ Complete VTC Application;
2. ____ Provide one or more of the following verifiable formal document showing military service and discharge (DD 214, NGB-22, NA 1038, VA Disability Letter, E-Benefits Summary Letter, Honorable Discharge Certificate, Uniform Services ID Card, Texas Driver License with VETERAN designation);
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;

Applicants are responsible to inform the Court of any subsequent arrests, detentions, or contact with Law Enforcement once completed application is received by the VTC Staff.

Incomplete applications or those submitted without required documents cannot be evaluated by VTC Staff and will be returned to applicant.

****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 Participant Handbook is located online at
<http://www.co.comal.tx.us/VTC.htm>**

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.



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PERSONAL INFORMATION

Full Legal Name: _____ E-Mail: _____

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: (____) _____ - _____

E-Mail Address: _____

Does Defendant live in Comal County? ____ Y ____ N If No, list County of Residence: _____

CRIMINAL CASE INFORMATION

Attorney Name: _____ Phone: (____) _____ - _____

Current Charge: _____ Case No: _____

_____ Case No: _____

_____ Case No: _____

Does Defendant have any other pending charges or cases? ____ Y ____ N

If Yes, provide jurisdiction and charges: _____

Does Defendant have any outstanding holds or warrants from another jurisdiction? ____ Y ____ N

If Yes, provide jurisdiction and charges: _____

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

Army Navy Marine Air Force Coast Guard Reserves National Guard

Dates of Service: _____ to _____ Highest Rank: _____

Type of Discharge: _____ Rank at Discharge: _____



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Have you served in a combat zone? Y N Where? _____

Have you received any Article 15/Disciplinary Actions/Military convictions? Y N

Describe: _____

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: _____

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 Disability Rating _____

FINANCIAL INFORMATION

Total Monthly Income: \$ _____ Outstanding Debt: \$ _____

Sources of Income: _____ 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 denying my admittance to the VTC. I understand the requirements of the Veterans Treatment Court as outlined in the Participant Handbook and explained by my attorney.

Signature of Applicant /Date

I have reviewed this application for completeness on behalf of Applicant.

Signature of Attorney /Date