

Pulaski County Veterans Treatment Court Referral Checklist

Forms to be turned in with your referral:

- Pulaski County Treatment Courts Referral Form** – Please fill out ALL sections of this form to the best of your ability.
- Military History Questionnaire** – Please have the potential participant complete the entire form.
- Copy of DD214 (Military Discharge Form)** – Please include a copy of the applicant’s DD214 to confirm his/her military service and character of service. (If you have any questions or need help obtaining a copy of the DD214, please contact: Brent Frain, Pulaski County VA Service Officer, Courthouse Annex Room 210, 125 S. Riverside Dr., Winamac, Indiana 46996. Phone: 574-946-3571.)

Referrals will not be considered until the above documentation has been received. Please send the above information to the Veterans Treatment Court (VTC) Coordinator via mail, email, or fax:

Dr. Natalie Daily Federer
JDAI and Veterans Court Coordinator
110 E. Meridian St.
Winamac, Indiana 46996
Phone: 574-946-3371
Fax: 574-946-3573
Email: nldaily@pulaskicounty.in.gov

For your information:

Veterans Treatment Court Informational Handout: This handout provides an overview of program admission criteria and an overview of program requirements. Please note that meeting eligibility requirements does not guarantee admission into VTC; it is at the discretion of the VTC Team.

Referral Process:

- 1) After all of the relevant forms have been sent to the VTC Coordinator, the Coordinator will review the referral for appropriateness.
- 2) If the referral is complete and appropriate, the Coordinator will schedule a time to meet with the applicant for a screening interview.
- 3) Review of application by the Veterans Treatment Court Team.

Please contact the VTC Coordinator with any questions.

**PULASKI COUNTY VETERANS TREATMENT COURT APPLICATION
AND REFERRAL FORM**

DEFENDANT INFORMATION

DATE: _____

Request Date: _____	Current Location: _____
Client Name: _____	_____
Aliases/Maiden Name: _____	City State Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Permanent Address: _____
Date of Birth: _____	_____
Social Security Number: _____	City State Zip Code
Phone Number: _____	County: _____

VETERAN/ MILITARY INFORMATION

Have you served/ do you currently serve in the Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Branch of Service: _____		Rank: _____	
Type of discharge: _____		Did you serve in combat? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have, or have ever had, the following:			
Drug Problem	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bipolar Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO
Alcohol Problem	<input type="checkbox"/> YES <input type="checkbox"/> NO	Traumatic Brain Injury	<input type="checkbox"/> YES <input type="checkbox"/> NO
Depression	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (Please List): _____	
Anxiety	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	
PTSD	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	

Highest level of education completed:

- 11th Grade or Below High School Diploma/GED Some College College Grad

Do you have a valid driver's license: YES NO

If YES, Operator's License Number: _____

State of Issuance: _____

REFERRAL SOURCE

Attorney Information: Name of Attorney: _____ Phone Number: _____ Email Address (if known): _____
Referral Information: Name of Referral: _____ Phone Number: _____ Email Address (if known): _____

COMPETENCY AN ISSUE: YES NO

Occupation of Employee: _____

Employer	Address	Phone #	Supervisor

Marital Status: SINGLE MARRIED SEPARATED DIVORCED

Are you presently involved in a relationship? YES NO

If YES, with whom: _____ Date of Birth: ____/____/____

Address: _____

Are they in recovery? YES NO

CRIMINAL INFORMATION

Cause Number	Current Charges	County

