



HAYS COUNTY VETERANS TREATMENT COURT

County Court at Law, No 2
712 S. Stagecoach Trl. #2292
San Marcos, TX 78666
512-878-6677

ATTORNEY AND CLIENT PERMISSION
Authorizing Court Staff to Interview and Determine Veteran Eligibility

I, _____, DOB: _____,
(Client's Printed Name)

Last 4 of SSN: _____, Represented by attorney _____,
(Attorney's Printed Name)

hereby give my consent and approval for the staff (to include defense attorney of said court) of the Veterans Treatment Court Program (hereinafter called "VTC") to meet with and interview me for the purpose of determining eligibility and enrollment status for VTC provider services, eligibility for VTC participation, as well as the mental health treatment and support services that are needed for my case.

As attorney of record for the said _____, I give my permission and consent for said interview or interviews to be conducted by the VTC staff with my client.

VTC service provider eligibility and enrollment services, as well as treatment and support services, may include the following information and referral services to governmental, private, community based or non-profit providers:

- Enrollment in the VTC program; Enrollment in the Veterans Administration (VA) Health Care network; Enrollment in the Center for Health Care Services, and its affiliated programs; Case Management; Access to continued or new treatment by a mental health provider; Housing; Transportation; Food; Clothing; Emergency Financial Aid (utility assistance); Employment; Community Voice Mail; Support Groups; Twelve-Step Programs; Community Service Participation Programs; Educational Institutions; Veterans Service Organizations; VA-coordinated Mentoring Programs; Advocacy including Family unification.

As the client listed above, I understand that in order for the Veterans Treatment Court to provide these services, the Veterans Treatment Court will need to secure Releases of Information and Consent to Participate forms from me, and I agree to review and if acceptable, to execute same.

As attorney of record for the listed client above, I also understand the need for said Releases and Consents to be obtained from my client in order for the VTC to provide needed services, and

_____ I **will** participate in the meeting where my client will be presented with these forms.

_____ I **will not** participate in the meeting where my client will be presented with these forms; however, I give my consent and permission for the VTC staff and VTC Attorney to meet with my client without my being present at said meeting.

_____ I **will not** participate in the meeting where my client will be presented with these forms and **do not** give my consent or permission for the VTC staff to meet with my client without my being present.

Attorney at Law

State Bar No

Client/Applicant

Date

Phone#

Date



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VETERANS TREATMENT COURT (VTC) APPLICATION

Please submit completed application with copy of DD-214 to the Hays VTC Court Coordinator by email: Laura.Balo@co.hays.tx.us or in person at the County Court-at-Law office. You may call 512-878-6677 for further information.

SID#:

Name: Sex: M F Age: DOB:

DL #: SSN: Phone:

Marital Status: Single Married Divorced Separated Widow(er) No. Children:

No. children in Home:

Race/Ethnicity: Native/Alaskan Asian Black/African-American Hispanic/Latino

Hawaiian/Pac Island White Other

Housing Status: No Housing/Homeless Emergency/Shelter Transitional/Halfway House Permanent

Address: County:

Email Address:

Emergency Contact: Phone:

Employment Status: Employed Unemployed but Supported (Retirement/Disability/Family) Unemployed

Employer: Phone:

Education: Less-than HS HS/GED Associate's Degree/Some College Bachelor's Degree/Higher

Current School:

Military Status/Info:

Active Duty: Yes No Branch: USA USMC USN USAF USCG Reserve Guard

E/O Grade: Specialty:

Service Dates: Discharge/ETS Date:

Type of Discharge: Hon GEN Other Than Hon Dishonorable Other:

Weapons in the Home: Yes No

Enter Deployment/Hazardous Duty Deployments and Dates:

Applicant has been treated for: PTSD TBI # Substance Abuse Mental Health Combat Wound

Applicant has participated in a Veterans Court at some time in the past: Yes No

Applicant Narrative: Please explain in your own words how you believe your experiences during military service contributed to the behavior resulting in this arrest. Also, please indicate what you hope to gain from the program and what the Court can expect of you. (Use back of paper if needed.)

Attorney/Case Info:

Attorney Name: _____ Phone: _____

Attorney Email Address: _____

Current Cause/Case No.	Date of Arrest	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Does the Defendant have any other pending cases or charges? Yes No
If Yes, Charge and Jurisdiction: _____
- Does the Defendant have any outstanding holds or warrants from any other jurisdiction? Yes No
(Include Immigration matters.)
If Yes, Charge and Jurisdiction: _____
- Does the Defendant have any other pending cases or charges? Yes No
If Yes, Charge and Jurisdiction: _____
- Is Defendant currently on Community Supervision/Probation in another jurisdiction? Yes No
If Yes, name Jurisdiction & offense: _____

I am capable of understanding the requirements for the Veterans Treatment Court, and the requirements have been fully explained to me by my attorney. **(Attach DD-214 to this Application)**

Applicant Signature: _____ **Date:** _____

Does the attorney grant consent for the Veterans Court Manager to meet with applicant for assessment, referral(s) and explanation of program prior to being accepted into the Veterans Court? Yes No

Attorney Signature: _____ **Date:** _____

For County Attorney/Staff Use Only

Reviewed By: _____ Date: _____

Approved Denied Reason: _____

**Veterans Court
Initial Screening Sheet**

Disclosure: The following questions are asked to determine whether Veterans are eligible for the Veterans Court Diversion program. The goal is to divert eligible veteran-defendants (charged with a misdemeanor and are suffering with a mental diagnosis) from traditional or other specialty courts to a specialized criminal court docket specifically created for them.

Part I

Name: _____ Gender: M F Ethnicity: _____ Date of Birth: _____
Address: _____ City: _____ State _____
Home Phone: _____ Cell: _____ Last 4 of SS# _____

Part II

- Have you spent 181 days in the military? Yes No
1. Branch of service? _____ MOS: _____
2. Have you been deployed to a combat zone? Yes No If yes, how many deployments? _____
Where? _____ When? _____
3. Have you been diagnosed with PTSD, TBI or other mental disorder resulting from military service?
Yes No
4. What is your current status? Active Duty Reserves Retired Veteran Status
5. Type of Discharge: Honorable General, Under Honorable Conditions
Other than Honorable Discharge (OTH) Bad Conduct Discharge (BCD) Dishonorable (DD)
6. Are you pending separation: Yes No N/A
7. If so, give reason for separation: _____

Part III

1. Criminal History: _____

2. Date of Current Offense: _____ Attorney's Name: _____ Ph: _____
3. Briefly explained what happened: _____

Date: _____