



DAVIDSON COUNTY VETERANS TREATMENT COURT APPLICATION

Date: _____

Referral Source: _____ Attorney for Defendant: _____

Attorney Telephone: _____ Attorney Email: _____

Is the applicant currently in jail? Yes No

Name: (please print) First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____ Sex: (circle one) male female Race: _____

Social Security #: _____ - _____ - _____ Marital Status: Married Single Divorced

Current Address: _____

Telephone: _____

Branch of Service: Army Navy Marines Air Force Coast Guard

Component: Active Reserve National Guard

Dates of Service: _____

Charges and reason for referral to DCVC: _____

Does defendant have any other pending/open charges? Yes No

If so, list charges: _____

Does defendant have a history of charges for sex offense? Yes No

If so, list charges: _____

Are there any holds or warrants for defendant? Yes No

If so, list holds/warrants: _____

Attach the following documents with this application:

- DD-214
- Enlisted Record Brief (active duty defendants)
- Copies of warrants (if VOP include copy of warrant from original charge)

District Attorney Signature: _____

DCVC Staff Signature: _____

Requested Disposition		
Case#	Count#	Charge
Final Disposition:		
Case#	Count#	Charge
Final Disposition:		
Case#	Count#	Charge
Final Disposition:		
Case#	Count#	Charge
Final Disposition:		
Case#	Count#	Charge
Final Disposition		
