

# MONTGOMERY COUNTY VETERANS TREATMENT COURT INITIAL APPLICATION

Please fill out this application completely. Applicants must additionally complete a VA 10-5345 form.

## APPLICANT'S PERSONAL INFORMATION

|                         |                   |           |
|-------------------------|-------------------|-----------|
| NAME:                   |                   |           |
| DATE OF BIRTH:          | SSN:              | PHONE:    |
| CURRENT STREET ADDRESS: |                   |           |
| CITY:                   | STATE:            | ZIP CODE: |
| E-MAIL:                 | DEFENSE ATTORNEY: |           |

## APPLICANT'S EMPLOYMENT INFORMATION

|                                       |                       |
|---------------------------------------|-----------------------|
| CURRENT EMPLOYER:                     |                       |
| LOCATION OF EMPLOYER(CITY AND STATE): | ANNUAL INCOME:        |
| POSITION:                             | LENGTH OF EMPLOYMENT: |

## APPLICANT'S PENDING CRIMINAL CHARGE

|                  |                  |
|------------------|------------------|
| CRIMINAL CHARGE: | CRIMINAL CHARGE: |
| CRIMINAL CHARGE: | CRIMINAL CHARGE: |
| CRIMINAL CHARGE: | CRIMINAL CHARGE: |

## APPLICANT'S CRIMINAL HISTORY

|                                |
|--------------------------------|
| PRIOR FELONY CONVICTIONS:      |
| PRIOR MISDEMEANOR CONVICTIONS: |

## APPLICANT'S MILITARY BACKGROUND

|                                        |           |                 |                                                                                                 |
|----------------------------------------|-----------|-----------------|-------------------------------------------------------------------------------------------------|
| BRANCH:                                | RANK:     | GRADE:          | ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> GUARD <input type="checkbox"/> |
| START DATE:                            | END DATE: | DISCHARGE TYPE: |                                                                                                 |
| COMBAT / HAZARDOUS DUTY DEPLOYMENT(S): |           |                 |                                                                                                 |
| MILITARY OCCUPATIONAL SPECIALTY (MOS): |           |                 |                                                                                                 |

## APPLICANT'S MILITARY SERVICE RELATED DISABILITY BACKGROUND

|                                                  |
|--------------------------------------------------|
| LIST MILITARY SERVICE CONNECTED DISABILITIES:    |
| LIST REHABILITATION OR OTHER RECOVERY PROGRAMS:  |
| VETERAN'S ADMINISTRATION (VA) DISABILITY RATING: |

Please return forms to:

Nathan Jensen  
Court Administration  
300 North Main, Room 304  
Conroe, Texas 77301  
Fax # 936.538.8165

## LEGAL WRITING

I authorize the Montgomery County Veterans Treatment staff to verify the information provided on this form, including my military, criminal and employment history. I understand I will need to fill out a VA 10-5345 form in addition to this application to complete my initial application. I further understand that other forms may be presented to me or my attorney and that these forms must be completed in order for me to participate in Veterans Treatment Court. I HEREBY SWEAR AND AFFIRM that I am currently an active duty member of the United States military or that I received an honorable discharge or general discharge from United States military service. I further HEREBY SWEAR AND AFFIRM that my military background, Social Security Number and other information I have added to this form is valid and correct. I understand that making a false statement on this form is a violation of the laws of the State of Texas that may be prosecuted as a separate criminal offense.

|                         |       |
|-------------------------|-------|
| SIGNATURE OF APPLICANT: | DATE: |
|-------------------------|-------|