VETERANS TREATMENT COURT

Chattanooga / Hamilton County

Program Application

Case Information:

Defendant's Name: _____ Email: _____

Address: _____ Phone Number: _____

Docket Number(s) of pending case(s): _____

Offense(s): _____

Are you charged with felonies, misdemeanors or both? _____

Offense Date(s): _____ Next Court Date: _____

Attorneys Name: _____ Email: _____

Address: _____ Phone Number: _____

Part 1: Applicant's Personal Data Sheet

Personal Information

First Name	Middle Name	Last Name
Maiden Name	Nickname or Alias	Date of Birth
Highest Education Completed	Marital Status	Number of Dependents
Social Security Number	Driver's License Number	DL State DL Expiration
Race	Place of Birth	Citizenship

Residential Address

Address	Apt #	City	State	Zip
County	How long have you lived at this physical address?			Do you rent or own?
Primary Phone Number:		Secondary Contact Phone Number:		

VETERANS TREATMENT COURT

Chattanooga / Hamilton County

Employment Information

Employment Status (Check One)				
☐ Full-Time	☐ Part-Time	☐ Not Employed	☐ Disabled	☐ Self Employed
Employer			Position/Title	
Address		City	State	Zip
Work Phone		Supervisor's Name		Length of Employment

If you are a student, what school are you attending? _____
If unemployment, when and where were you last employed? _____

Part 2: Applicant's Military and Medical History

Military Service Information

Branch of Service (Check One)					
☐ Army	☐ Navy	☐ Marine	☐ Air Force	☐ Coast Guard	
Service Status (Check One)					
☐ Active	☐ Reserve	☐ Guard	☐ Discharged	☐ Transitioning Out	
Type of Discharge (Check One)					
☐ Honorable	☐ General Under Honorable	☐ Other than Honorable	☐ Bad Conduct	☐ Dishonorable Discharge	☐ Dismissal
Rank:		Dates of Service:		Deployments? ☐ Yes ☐ No	
VA Disability Rating:				If yes, dates and locations:	
Combat Injury? ☐ Yes ☐ No					
If yes, injury details:					

Medical Information

Have you been diagnosed with (Check all that apply)			
☐ TBI	☐ PTSD	☐ Anxiety	☐ Depression
Other service-connected mental health diagnosis? ☐ Yes ☐ No			
Are you currently in or have you ever been through a substance abuse program? ☐ Yes ☐ No			
If yes, type of program and dates attended?			
☐ Inpatient Dates _____	☐ Outpatient Dates _____	☐ AA Dates _____	☐ NA Dates _____

Have you had prior treatment for alcohol or substance abuse or mental health treatment?	
☐ Yes ☐ No	
Are you currently seeing a doctor? ☐ Yes ☐ No	If yes, list reason for seeing:
List names of Doctor(s)?	
Are you currently taking medication(s)? ☐ Yes ☐ No	If yes, list reason for taking medication:
Name of Medication(s)	

Part 3: Submit Application

Email to:
Matthew Naylor, Program Coordinator, Veterans Treatment Court: Matthewn@hamiltontn.gov
Lauren Messer, Case Manager, Veterans Treatment Court: laurenm@hamiltontn.gov
Chuck Alsobrook, Veterans Services Officer: calsobrook@hamiltontn.gov
Nicole Evans, Assistant District Attorney: Nicole.evans@hcdatn.org

Include:
VA Request for and Authorization to Release Health Information (VA FORM 10-5345)