



Hamilton County Veterans Treatment Court Program Application

Part 1: Case Information

Defendant's Name: _____ SPN: _____

☐ General Sessions ☐ Criminal Court Judge: _____

Docket Number(s) and Offense(s): _____

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

Attorney Name: _____ ☐ Retained ☐ Appointed

Email: _____ Phone Number: _____

Part 2: Applicant's Personal Data

Personal Information

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

Contact Information

Address	Apt #	City	State	Zip
County	How long have you lived at this physical address?			<input type="checkbox"/> Rent <input type="checkbox"/> Own
Do you live with anyone? If so, provide name (s) and relation:				
Primary Phone Number:		Secondary Contact Phone Number:		



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Email address: _____

Employment Information

Employment Status (Check One)			
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Disabled
<input type="checkbox"/> Self Employed			
Employer		Position/Title	
Address	City	State	Zip
Work Phone	Supervisor's Name		Length of Employment

If unemployed, when and where were you last employed? _____

If you are a student, what school are you attending? _____

Major: _____ # or hrs enrolled: _____

Part 3: Applicant's Military and Medical History

Military Service Information

Branch of Service (Check One)					
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Space Force
Service Status (Check One)					
<input type="checkbox"/> Active	<input type="checkbox"/> Reserve	<input type="checkbox"/> Guard	<input type="checkbox"/> Discharged	<input type="checkbox"/> Transitioning Out	
Type of Discharge (Check One)					
<input type="checkbox"/> Honorable	<input type="checkbox"/> General (Under Honorable Conditions)	<input type="checkbox"/> Other than Honorable (OTH)	<input type="checkbox"/> Bad Conduct (BCD)	<input type="checkbox"/> Dishonorable Discharge	<input type="checkbox"/> Medical Separation
Rank:			Dates of Service:		
Deployments? <input type="checkbox"/> No <input type="checkbox"/> Yes, dates and locations:					
Combat Injury? <input type="checkbox"/> No <input type="checkbox"/> Yes, injury details:					
Disability Rating? <input type="checkbox"/> No <input type="checkbox"/> Yes, percentage:					

Medical Information

Have you been diagnosed with (Check all that apply)			
<input type="checkbox"/> TBI	<input type="checkbox"/> PTSD	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression



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Other service-connected mental health diagnosis? <input type="checkbox"/> No <input type="checkbox"/> Yes, diagnosis details:			
Are you currently in or have you ever been through treatment for mental health?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, name of provider:			
Type of program and dates attended:			
<input type="checkbox"/> Inpatient Dates _____	<input type="checkbox"/> Intensive Outpatient Dates _____	<input type="checkbox"/> Individual Counseling Dates _____	
Are you currently in or have you ever been through an alcohol or substance abuse program?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, name of provider:			
Type of program and dates attended:			
<input type="checkbox"/> Inpatient Dates _____	<input type="checkbox"/> Outpatient Dates _____	<input type="checkbox"/> AA Dates _____	<input type="checkbox"/> NA Dates _____
Drug(s) of choice:			
Date of last use:			
Are you currently seeing a doctor? <input type="checkbox"/> No <input type="checkbox"/> Yes, list name and reason for seeing:			
Names of Doctor(s)?		Reason for seeing:	
Are you currently taking medication(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes, list name reason for taking medication:			
Name of Medication(s):		Reason for taking:	

Part 4: 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:



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

VA Appointment of Veterans Service Organization as Claimant's Representative (VA FORM 21-22)

**These forms must be signed by the applicant.*