



**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:		



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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 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)					
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	
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	<input type="checkbox"/> Other than Honorable	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable Discharge	<input type="checkbox"/> Dismissal
Rank:		Dates of Service:		Deployments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
VA Disability Rating:				If yes, dates and locations:	
Combat Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, injury details:					

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
Other service-connected mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently in or have you ever been through a substance abuse program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, 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 _____



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Have you had prior treatment for alcohol or substance abuse or mental health treatment?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently seeing a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list reason for seeing:
List names of Doctor(s)?	
Are you currently taking medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> 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](mailto:Matthewn@hamiltontn.gov)

Lauren Messer, Case Manager, Veterans Treatment Court: [laurenm@hamiltontn.gov](mailto:laurenm@hamiltontn.gov)

Chuck Alsobrook, Veterans Services Officer: [calsobrook@hamiltontn.gov](mailto:calsobrook@hamiltontn.gov)

Nicole Evans, Assistant District Attorney: [Nicole.evans@hcdatn.org](mailto:Nicole.evans@hcdatn.org)

Include:

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