

# Veterans Justice Court Application

United States Attorney's Office, Northern District of California

## 1. VETERAN'S GENERAL BACKGROUND

1.1 Name: \_\_\_\_\_

1.2 Check one:    Male    Female            1.3 Age: \_\_\_\_\_    1.4 Language(s): \_\_\_\_\_

1.5 Place of Birth: \_\_\_\_\_

1.6 Current Address: \_\_\_\_\_

1.7 How long at current address? \_\_\_\_\_    1.8 Phone #: \_\_\_\_\_    1.9 Cell #: \_\_\_\_\_

1.10 Check one:    Single    Married    Divorced    Widowed

### C

2.1 Highest rate/rank achieved: E-\_\_\_\_\_/O-\_\_\_\_\_    2.2 Rank at separation: \_\_\_\_\_

2.3 Branch of Service: \_\_\_\_\_    2.4 Specialty Field(s): \_\_\_\_\_

2.5 Date Entered Service: \_\_\_\_\_    2.6 Date Service Ended: \_\_\_\_\_

2.7 Break in Service:    Yes    No            Dates: \_\_\_\_\_

2.8 Deployments Outside United States:

| (a) Theater | (b) Dates of Deployment |          | (c) Combat? |    |
|-------------|-------------------------|----------|-------------|----|
| _____       | From _____              | To _____ | YES         | NO |
| _____       | From _____              | To _____ | YES         | NO |
| _____       | From _____              | To _____ | YES         | NO |
| _____       | From _____              | To _____ | YES         | NO |
| _____       | From _____              | To _____ | YES         | NO |

2.9 Military Awards and Decorations:

2.10 Characterization of most recent discharge:

Honorable            General            OTH            BCD            DD            ELS

### **3. VETERAN'S NARRATIVE**

**3.1** Provide a summary of your service including duty stations, dates, assignments, and any Article 15/NJP or other adverse material:

**3.2** Describe any service related injuries and the circumstances under which you sustained them. Include mental health injuries such as PTSD and Traumatic Brain Injury. (If none, indicate "N/A"):

**3.3** Explain the reasons you entered the service and what are the reasons you left (if no longer serving):

**3.4** Describe what motivated or precipitated the underlying offense:

**3.5** Describe your upbringing and relevant pre- and post-service life experience:

**3.6** Describe your motivation for applying to VJC:

3.7 Describe your current living situation. Include type of residence, location and co-habitants:

**4. EMPLOYMENT**

4.1 Civilian Employment History:

| (a) Employer/City, State | (b) Dates of Employment | (c) Position |
|--------------------------|-------------------------|--------------|
| _____                    | From _____ To _____     | _____        |
| _____                    | From _____ To _____     | _____        |
| _____                    | From _____ To _____     | _____        |
| _____                    | From _____ To _____     | _____        |

4.2 Are you currently employed?    Yes    No    4.3 Since when? \_\_\_\_\_    4.4    Full    Part    Time?

**5. SUBSTANCE ABUSE, MEDICAL, MENTAL HEALTH HISTORY**

5.1 Alcohol/Drug of Choice    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_    4. \_\_\_\_\_    5. \_\_\_\_\_

5.2 Age of 1<sup>st</sup> Use    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_    4. \_\_\_\_\_    5. \_\_\_\_\_

5.3 Age Abuse Began    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_    4. \_\_\_\_\_    5. \_\_\_\_\_

5.4 Date of Last Use    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_    4. \_\_\_\_\_    5. \_\_\_\_\_

5.5 Longest period of sobriety/abstinence \_\_\_\_\_    5.6 When? \_\_\_\_\_

5.6 Treatment programs used \_\_\_\_\_

5.7 Current medical issues and medications (including medical marijuana)/purpose \_\_\_\_\_

5.8 Have you ever been diagnosed and treated for mental health issues?      Yes      No

5.9 Explain (dates of treatment/diagnosis/meds)

5.10 Do you have a VA disability rating? \_\_\_\_\_

## 6. CRIMINAL HISTORY

6.1 Describe the circumstances of any prior arrests and/or convictions:

## 7. MISCELLANEOUS

7.1 Provide any additional information that you want the Committee to know when evaluating your application:

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Please attach any supporting documents to your application. Include long form DD-214 and any other service record documents or relevant Department of Veterans Affairs documents.

By signing this application, applicant certifies that the answers are true and complete to the best of their knowledge.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
DATED

\_\_\_\_\_  
Defense Counsel