

Travis County Veteran's Court Application

PLEASE SUBMIT COMPLETED APPLICATION TO THE TRAVIS COUNTY VETERAN'S COURT MANAGER, JOLENE GRAJCZYK. YOU MAY SUBMIT THIS BY FAX: 854-4464, EMAIL: jolene.grajczyk@traviscountytx.gov OR IN PERSON TO ROOM 3.308 behind CC#4. YOU MAY CONTACT JOLENE GRAJCZYK @ 512-854-3856 FOR FURTHER INFORMATION. PLEASE NOTE THAT THIS APPLICATION WILL BE FOWARDED TO THE PROSECUTOR AND THE ASSESSMENT PROVIDER.

Defendant's Name _____ Date of Birth _____

Address: _____ Phone #: _____

Email: _____ DL #: _____

Aliases (if any) _____ Social Sec. # _____ - _____ - _____

Employment/school: _____ Phone #: _____

Attorney Name: _____ Phone #: _____

Attorney Email Address: _____ Fax #: _____

Cause Number(s) / dates of arrest / charge(s)
_____ / _____ / _____

1. Have you ever participated in another Veterans Court? YES _____ NO _____
If Yes, charges and jurisdictions: _____

2. Does the Defendant reside in Travis County? YES NO (County of residence) _____

3. Does the Defendant have any other pending cases or charges? YES _____ NO _____
If Yes, charges and jurisdictions: _____

4. Does the Defendant have any outstanding holds or warrants from any other jurisdiction (including immigration matters)? YES _____ NO _____ UNKNOWN _____
If Yes, charges and jurisdictions: _____

5. Is the Defendant currently on Community Supervision / Probation in any other jurisdiction? YES (name jurisdiction & offense) _____ NO _____

6. What Branch of Service did the defendant serve in? _____

7. What type of discharge did the defendant receive? _____

8. What were the dates of service? _____ (Please attach a copy of your DD214).
a. If a General Discharge, please include military documentation with explanation of discharge.

9. What combat zone or other similar hazardous duty area was the Defendant deployed to?
_____ Dates of deployment: _____

10. Has Defendant been treated for/diagnosed with PTSD, a service related mental disorder or a traumatic brain injury (TBI)? YES _____ NO _____ UNKNOWN _____

11. Does the attorney grant consent for the Veterans Court Manager to meet with applicant for assessment, referral(s) and explanation of program prior to being accepted into the Veterans Court? YES _____ NO _____

For County Attorney Use Only

Reviewed By _____ **date** _____ **SID #** _____

Approved _____ **Denied** _____ **Reason:** _____