

SHELBY COUNTY VETERANS COURT

Policy & Procedure Manual

Veterans Court Information Form

CLIENT INFORMATION

Full Legal Name: _____

A/K/A: _____

Currently in Custody? Y N DLM # _____ DOC # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone/Other: (____) _____ - _____

Lives With/Relationship: _____

Emergency Contact/Relationship: _____

Home Phone: (____) _____ - _____ Cell Phone/Other: (____) _____ - _____

CRIMINAL INFORMATION

Attorney Name: _____ Phone: (____) _____ - _____

Current Charge(s): _____ Case No: _____

_____ Case No: _____

_____ Case No: _____

Has client ever been arrested for a violent felony and/or sex crime? Y N

Is client subject to a Protective Order? Y N

Is client currently on probation or parole? Y N

If yes, Probation/Parole Officer's name: _____

SUBSTANCE ABUSE/MENTAL HEALTH

Is client receiving substance abuse treatment now? Y N If yes, agency: _____

Has client received prior substance abuse treatment? Y N If yes, agency: _____

Is client receiving mental health treatment now? Y N If yes, agency: _____

Has client received prior mental health treatment? Y N If yes, agency: _____

Diagnosis: _____

Has client previously been prescribed medication? Y N If yes, please list:

1. _____ 3. _____

2. _____ 4. _____