

HARNETT COUNTY VETERANS' TREATMENT COURT, DISTRICT 12

QUESTIONNAIRE

DATE: _____ **DOB** _____ **PHONE NUMBER:** _____

Name: _____ **Last 4 of SSN:** _____

Charge: _____ **County of charge:** _____

County of Residence: _____

Are you on probation/parole: _____ **Date of probation/parole:** _____

Military branch: _____

MOS: _____ **Highest Rank Obtained:** _____

Dates served: _____ **Discharge status:** _____

Did you serve in a combat zone: _____

Location/dates of zone: _____

Have you been homeless since leaving the military: _____

Are you enrolled in VA care: _____ **VA Location:** _____

Do you have a disability Rating? _____ **Current Rating:** _____%

Do you have reliable transportation? _____

Can you access your DD214? _____

Defense attorney name and contact information: _____

For more information on the Veterans Treatment Court please contact either the Director, (910)-814-4514 or the Case Manager, (910)-814-4490. You may also visit our offices located on the first floor of the Harnett County Courthouse. A submitted questionnaire does not guarantee acceptance into the court. Once complete, please upload into an email and send to the case managers: haley.c.bayon@ncourts.org ; ralph.e.kerley@nccourts.org