



# **CLAYTON COUNTY VETERANS TREATMENT COURT**

Main Office: Clayton County Courthouse  
9151 Tara Boulevard, Jonesboro, GA 30236

## **APPLICATION**

**THE CLAYTON COUNTY VETERANS TREATMENT COURT (“VTC”)** is a Court-supervised, comprehensive treatment Program designed to identify individuals with qualifying criminal charges who: (1) are active military or who have a honorable or general under honorable conditions discharge from military service; (2) have a documented mental health diagnosis, including but not limited to, post-traumatic stress disorder, traumatic brain injury, and/or a substance abuse disorder; and (3) have an existing nexus between the offense or diagnoses and the military service. VTC is a problem-solving treatment Court which includes regular Court appearances before a dedicated Judge, intensive substance abuse and mental health treatment services including, but not limited to individual and group counseling, regular attendance at sobriety support meetings in the community, random and observed drug and alcohol testing, guidance and support of a veteran peer mentor, compliance with medical and other personal appointments/needs, housing assistance, and linkage to vocational training, education and/or job placement services.

### **WHAT DOES THE PROGRAM REQUIRE**

The VTC Program participation will begin upon the participant’s first appearance, will last for no less than eighteen (18) months, and may continue for up to twenty-four (24) months or as long as the term of probation (if applicable) will allow. Each participant will be held accountable and is expected to participate in and complete the services being provided. Each service provided is intended to provide relief and treatment and/or further understanding and education of the participant’s substance abuse and/or mental health disorder.

### **WHO IS ELIGIBLE**

- Must be an adult and a resident of Clayton County.
- Must have an eligible criminal arrest/offense: misdemeanor or certain felonies.
- Must possess a qualifying physical or mental health diagnosis, including, but not limited to, post-traumatic stress disorder (PTSD), military sexual trauma (MST), traumatic brain injury (TBI), and/or a substance abuse disorder.
  - Such conditions must be able to be attributed to the defendant’s time spent serving in the military, i.e.: the defendant was diagnosed with MH disorder/abusing substances prior to military service.
- Must have served in the United States Military and be in good standing or has an Honorable or General (Under Honorable Conditions) discharge. [Dishonorable will be reviewed].

If you feel that you are a candidate for this program, please complete the following information and quickly return the form to your attorney, jail personnel, probation officer, presiding Judge, or program coordinator. Your case will be reviewed and you will be contacted by your attorney, probation officer or court staff before your court appearance. Please be aware that the program is very strenuous and requires determination and dedication on your part.

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_ Race \_\_\_\_\_ SS# \_\_\_\_\_

ARE YOU CURRENTLY IN JAIL? \_\_\_\_\_ CHARGE(S): \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

WHO WILL RESIDE AT THAT ADDRESS WITH YOU? \_\_\_\_\_

TWO PHONE NUMBERS WHERE YOU CAN BE REACHED \_\_\_\_\_

PENDING CHARGE(S) \_\_\_\_\_

INCIDENT DATE: \_\_\_\_\_

ARE YOU A VETERAN? \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

TYPE OF DISCHARGE: CHOOSE ONE: HONORABLE: \_\_\_\_\_ OR DISHONORABLE: \_\_\_\_\_

IF DISHONORABLE: WHY? \_\_\_\_\_

ARE YOU ON PROBATION OR PAROLE? \_\_\_\_\_ WHERE? \_\_\_\_\_

NAME OF PROBATION OR PAROLE OFFICER \_\_\_\_\_

DO YOU OWE FINES OR FEES? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

DO YOU OWE RESTITUTION? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

HAVE YOU APPLIED TO THE ACCOUNTABILITY COURT PREVIOUSLY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU EVER BEEN TREATED BY A PSYCHOLOGIST, PSYCHIATRIST, OR COUNSELOR? \_\_\_\_\_

HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL ILLNESS? \_\_\_\_\_

IF SO, WHAT? \_\_\_\_\_

NAME OF DR. OR COUNSELOR \_\_\_\_\_

HAVE YOU EVER TAKEN ANY PRESCRIBED MEDICATIONS FOR ANXIETY, DEPRESSION, STRESS OR MENTAL PROBLEMS? \_\_\_\_\_ IF SO, WHAT MEDICATIONS/DOSAGES? \_\_\_\_\_

**PLEASE EXPLAIN WHY YOU THINK VETERANS TREATMENT COURT IS APPROPRIATE FOR YOU:**

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HOW FAR DID YOU GO IN SCHOOL? \_\_\_\_\_ DO YOU HAVE A GED/DIPLOMA? \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_\_\_ IF NO, WHY NOT? \_\_\_\_\_

DO YOU HAVE A JOB? \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WHERE HAVE YOU WORKED PREVIOUSLY? \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH THE FOLLOWING?

BURGLARY \_\_\_\_\_ WHEN? \_\_\_\_\_

DRUG SALES \_\_\_\_\_ WHEN? \_\_\_\_\_

MANUFACTURING OF DRUGS \_\_\_\_\_ WHEN? \_\_\_\_\_

SEX CRIME \_\_\_\_\_ WHEN? \_\_\_\_\_

VIOLENT OFFENSE \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE AN ATTORNEY? \_\_\_\_\_ IF YES, WHO? \_\_\_\_\_

I HEREBY ATTEST THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THE PROGRAM REQUIREMENTS AND WHAT SHOULD BE EXPECTED OF ME.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*Please do not write below this line\*\*\*\*\*

RECEIVED BY VETERANS TREATMENT COURT STAFF \_\_\_\_\_ DATE \_\_\_\_\_

SOLICITOR/DISTRICT ATTORNEY ASSIGNED TO CASE: \_\_\_\_\_

CLIENT'S ATTORNEY: \_\_\_\_\_

APPROVED/DISAPPROVED BY SOLICITOR GENERAL'S/DISTRICT ATTORNEY'S OFFICE: \_\_\_\_\_

IF DISAPPROVED, PLEASE LIST BRIEF REASON WHY:

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**PLEASE RETURN APPLICATION TO PROGRAM COORDINATOR  
LAKISHA DIXSON  
CLAYTON COUNTY VETERANS TREATMENT COURT  
9151 TARA BLVD. SUITE 4BS12  
JONESBORO GA 30236  
OFFICE: (770) 477-3364  
FAX: (770) 477-3465**