

HARNETT COUNTY VETERANS' TREATMENT COURT, DISTRICT 12
QUESTIONNAIRE

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

Name: _____

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. Please note questionnaires sent by email are not encrypted, so please do not write any sensitive information such as social security numbers or passwords. A submitted questionnaire does not guarantee acceptance into the court.

Once complete, please upload into an email and send to the case manager:

Haley.c.corn@nccourts.org