NORTHEAST WISCONSIN VETERANS TREATMENT COURT INTAKE FORM

(TO BE USED BY VETERAN MENTORS)

Name: (Last, First, Middle)	**DOB: (MM/DD/YR)**	**Branch of Service:** (circle one) Army USMC Navy Air Force Coast Guard	**Years Served:** Active _____ Reserve____ Guard_____	**Conditions of discharge:** (circle one) Retired Medical Ret. Honorable Other
Home Address: (Street Number, City, State, Zip)		**Phone Number:**		
Combat Deployments: WWII Korea Viet Nam Persian Gulf OEF OIF	 Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	**Benefits Utilized:** DD 214 Enrolled in the VA OEF OIF Office Visit Entitled for GI Bill Applied for VA Comp & Pen	 Yes/No Yes/No Yes/No Yes/No Yes/No	
Family and Marital Status: (circle one) Married Divorced Separated Widowed		**Children:** Yes/No		Number of Boys _____ Number of Girls _____
Spouses Name: (Last, First, Middle)				
<u>Employment Information:</u> **Employed:** Yes/No		**Where:**		
Transportation Issues: Yes/No		**Was a Bus Pass Issued:** Yes/No		
Arrested: Yes/No		**Where:**		**Charges: (Optional)**
Initial Mentor:				
Initial Comments if Any:				