

v.

NO.: _____ OF 20_____
OTN: _____

APPLICATION FOR ERIE COUNTY VETERANS COURT

Application is hereby made for disposition of this case under the **Erie County Veterans Court Program**. To assist the District Attorney’s Office in evaluating the suitability of this case for the Erie County Veterans Court, the following information is provided:

INSTRUCTIONS: Answer all questions that apply. If a question does not apply, answer it with the initials N.A.

1. Full Name of the defendant: _____

2. Maiden Name of defendant; or other last names previously used: _____

3. Date of Birth: _____ Social Security Number: _____

Gender (circle one): M/F Race/Ethnicity: _____

4. Driver License Number: _____ State Issued: _____

5. Present Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) () _____ (Cell) () _____

Email Address: _____

6. Present Employment: _____ Work Phone () _____

7. Next of Kin or Emergency Contact: Name: _____ Phone () _____

8. Education-Schools and Highest Year attained: _____

9. Have you served in the Military? _____ If so, which branch? _____

Were you honorably discharged? _____

Are you eligible for services through the VA? _____

Are you enrolled in services through the VA? _____

****You are required to submit a copy of your DD Form 214, Certificate of Release or Discharge from Active Duty. Please forward the DD Form 214 to Matthew Cullen at the District Attorney’s Office at the address below.**

Attn: Matthew Cullen
District Attorney’s Office
Erie County Courthouse
140 W. 6th St., Room 506
Erie, PA 16501

The copy of the DD Form 214 will be forwarded to the Veteran's Affairs office and the VA Veteran Justice Officer for verification of eligibility for VA Services. If you do not have your DD Form 214, please contact Cherise Gibbs Pope at the Veteran's Affairs office or, if you were discharged after 2000 you can obtain a copy of your DD Form 214 by visiting www.ebenefits.va.gov ** NOTE: The copy of the DD Form 214 will only be used for purposes of declaring a candidate's eligibility for VA benefits. If requested, the copy of the DD Form 214 will be returned to the candidate after the application process. Otherwise, the DD Form 214 will be destroyed after a decision has been made regarding the application.

Cherise Gibbs Pope
Veteran's Affairs
Erie County Courthouse, Room 101
140 West 6th St., Erie, PA 16501
Phone: (814) 451-6265

10. Do you have any other pending criminal charge(s)? If so, explain giving date, place, charges and disposition:

11. Are you currently on supervision (probation or parole)? If so, explain whether it is county or state supervised and the name of your probation/parole officer:

12. Do you have a history of drug/alcohol abuse and/or serious mental illness treatment? If so, give details. (Use reverse side if needed):

13. **Explanation** of your present case, including all details (use reverse side if needed):

PLEASE SUBMIT COPY OF CRIMINAL COMPLAINT OR THE CRIMINAL INFORMATION WITH THIS APPLICATION.

13. By applying for Erie County Veterans Court Program ("VTC") and by signing this application I acknowledge, certify, and understand each of the following rights and responsibilities:

A. I have been advised and I understand that I have a constitutional right to a speedy trial; that pursuant to Pa.R.Crim P. 600 formerly Pa.R.Crim. P. 1100, the Commonwealth must bring my case to trial within 365 days from the filing of the Criminal Complaint, I understand I can ask the Court to dismiss all charges against me. Furthermore, I understand that in the event I am incarcerated on these charges, the Commonwealth must bring my case to trial within 180 days from the date of the filing of the Criminal Complaint, if the Commonwealth fails to do so, I can ask the Court for nominal bail.

I hereby waive (give up) all of my constitutional rights to a speedy trial, as set forth, from the date I sign this application until I either complete the VTC Program or am revoked from it, should I violate the conditions the Court imposes on me. In the event my Application for VTC is denied, I waive (give up) all of my constitutional

rights to a speedy trial as set forth, from the date I sign this Application until the last scheduled day of the term of Criminal Court next following the date of my rejection. I have been advised and I understand that by signing this waiver I am waiving (giving up) any and all rights I may have to be tried within 180 (if in jail) or 365 days following the filing of the Criminal Complaint against me. I am signing the waiver because I understand it is to my benefit to do so and to allow the District Attorney as much time as he needs to evaluate my suitability for the VTC Program. I have not been made any promises, nor have I been forced or coerced to sign this waiver.

B. I understand I have the right to be represented by an attorney on my charge(s) and also in connection with my VTC Application. If I cannot afford counsel, the Court will provide me free counsel through the Erie County Public Defender's Office.

C. It is my responsibility to notify the District Attorney's Office, in writing, of my arrest and/or conviction for any offense occurring after this Application is made and before it is rejected or I am accepted into the Program by the Court. Failure to comply with this requirement is grounds for refusal of the Application and/or may be treated as a false statement subjecting me to prosecution and/or for removal from the Program.

D. I acknowledge that I have completed (or will complete prior to my VTC hearing) all processing (e.g. Fingerprinting, etc.) required of me. I understand that failure to do so may delay my acceptance into the program.

E. The information I have provided above is true and correct. I understand if I have provided false information on this Application, that reason alone is sufficient to refuse this Application. In addition, I understand that by providing false information I can be prosecuted for offenses including, but not limiting to, perjury, false swearing and/or unsworn falsification to authorities.

F. By signing this document I authorize the VA to use the information contained in this application to confirm the applicant's eligibility for VA services. **Applicant's Initial:** _____

DATE: _____ DEFENDANT: _____

DATE: _____ ATTY. FOR DEFENDANT: _____

Please Print

Created: 4/1/2015