

v.

: NO.: \_\_\_\_\_ OF 20\_\_\_\_\_  
: OTN: \_\_\_\_\_

**APPLICATION FOR ERIE COUNTY VETERANS COURT**

Application is hereby made for disposition of the case under the **Erie County Veterans Court Program**. To assist the District Attorney’s Office in the evaluating the suitability of the 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 the 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-School 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 the District Attorney’s Office at the address below.**

The copy of the DD Form 214 will be forwarded to the Veterans' 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 Karlee Folmar at the Veterans' Affairs office. \*\*NOTE: The copy of the DD Form 214 will only be used for the 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.

Erie County Veterans' Affairs  
Erie County Courthouse, Room 111  
140 West 6<sup>th</sup> Street., 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:

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

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

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

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

14. By applying for Erie County Veterans' Treatment Court ("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 constitutional rights to a speedy trial; that pursuant to Pa.R.Crim P. 600 formally PaR.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 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 understand that by signing this waiver I am waiving (giving up) any and all rights I may have to be tried with 180 (if in jail) or 365 following the filing of the Criminal Complaint against me. I am signing the waiver because I understand it is to me benefit to do so and to allow the District Attorney as much time as needed 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 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 limited 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 Service. **Applicant's Initials:** \_\_\_\_\_

DATE: \_\_\_\_\_ DEFENDANT: \_\_\_\_\_

DATE: \_\_\_\_\_ ATTY FOR DEFENDANT: \_\_\_\_\_

Created: April 01, 2015

Revised: June 16, 2022