

Cause No. \_\_\_\_\_

THE STATE OF TEXAS

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IN THE COUNTY CRIMINAL COURT  
AT LAW NO. \_\_\_\_\_  
OF  
HARRIS COUNTY, TEXAS

VS.  
\_\_\_\_\_

**VETERAN'S COURT APPLICATION**

To: Harris County District Attorney's Office (Veteran's Court Prosecutor)

FROM: \_\_\_\_\_ (Defendant's Attorney)

**This document must be attached to the front of the submitted application package. Failure to provide the information requested in this Application may result in denial of application.**

- Defendant must be charged with a Class A or Class B misdemeanor offense and is a veteran or current member of the United States armed forces, including a member of the reserves, National Guard, or state guard.
- Defendant must be registered with the Eligibility Center at the Michael E. DeBakey VA Hospital. (May register in person on the 1<sup>st</sup> floor of 2002 Holcombe. Walk-ins are welcome)
- Defendant must be eligible for Veteran's Administration (VA) services, have a service connected disability or illness that is related to the criminal offense, and submit to a clinical evaluation for an assessment.
- Defendant will reside in Harris County, TX or a contiguous county.
- Defendant is a U.S. Citizen or lawful resident.
- Defendant must submit an application containing:
  - o Copy of DD-214 which includes character of service information and separation code.
  - o Written statement from the defendant explaining his/her conduct constituting the offense charged, acceptance of responsibility, an explanation of the events which led to the charge confession to offense and apology stating desire to be in Veteran's Court.
  - o Awards and decorations.
  - o Resume (with personal contact information).
  - o At least two letters of recommendation from non-family members (stating awareness of the criminal charge and continued support).
  - o A fully executed VA Form 10-5345 to allow a determination of VA eligibility.
- Defendants with TCCP Art. 42.12 Sec. 3G (other than aggravated assault), drug manufacturing or distribution, or sex offenses (or prior convictions or adjudications for the same) are not eligible.
- Original attorney for the defendant is responsible for application submission and disposition of the case by way of a Pre-trial Intervention Agreement or plea. Veteran's Court attorneys take over following that process.
- Defendants should be aware that legal issues pending in any other jurisdiction may impact their eligibility to participate in the veteran's court program. Therefore, they should be sure to make their attorneys aware of any such pending matters.

**NOTE:** If pretrial intervention is approved, before entry into the program, a Texas Rule of Evidence 410(4) waiver must be sworn to and signed. This waiver provides for the admissibility of the Defendant's statement as impeachment evidence in the event (1) the pretrial intervention is revoked, (2) the case goes to trial, and (3) Defendant testifies inconsistently with that statement at trial. This waiver can be completed at the same time as the pretrial intervention contract.

**\*Final approval and exceptions are subject to agreement of the Judge and District Attorney.\***

APPLICATION DUE DATE: \_\_\_\_\_

SIGNATURE OF DEFENDANT: \_\_\_\_\_

DEFENDANT'S PHONE NUMBER: \_\_\_\_\_

DEFENDANT' E-MAIL ADDRESS: \_\_\_\_\_

DATE RECEIVED BY VETERAN'S COURT: \_\_\_\_\_

RECEIVING PARTY: \_\_\_\_\_

## VETERAN'S COURT PROGRAM APPLICATION

Complete this form and return it to the Court Chief. This application must stay with the State's file.

### PLEASE PRINT LEGIBLY!

- (1) Full name (If married, include maiden name): \_\_\_\_\_
- (2) Have you ever been known by another name/aliases? If so, explain: \_\_\_\_\_  
\_\_\_\_\_
- (3) Your: DOB: \_\_\_\_ Age: \_\_ Gender: \_\_\_\_\_ Race: BLACK WHITE HISPANIC ASIAN MULTI-RACIAL  
Highest grade of education completed: \_\_\_\_\_
- (4) Employer Name, Address, and Phone Number: \_\_\_\_\_  
\_\_\_\_\_
- (5) Case Number: \_\_\_\_\_ Court: \_\_\_\_\_ SPN Number: \_\_\_\_\_
- (6) Your Current Address: \_\_\_\_\_
- (7) Defense Attorney Name: \_\_\_\_\_
- (8) Defense Attorney Contact: Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- (9) Are you a resident of Harris County, Texas? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If your answer is "No", in which county do you live?** \_\_\_\_\_
- (10) Please list any military awards and decorations you hold: \_\_\_\_\_  
\_\_\_\_\_
- (11) Do you travel out of Texas or the U.S. regularly? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- (12) Do you have problems (health problems, family issues, sight, hearing, travel, emotional, employment, transportation, etc.) which may affect your ability to complete community service? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- (13) **Are you currently taking any doctor-prescribed medications?** Yes \_\_\_\_ No \_\_\_\_  
If your answer is "Yes", please list all prescribed medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_  
*(NOTE: Defendant will be required to bring containers for prescribed medications to the Assessment.)*
- (14) Have you ever had a problem as a result of drug or alcohol use? Yes \_\_\_\_ No \_\_\_\_  
If your answer is "Yes", please explain provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (15) Aside from the instant case, are you *currently* under indictment or charged by complaint or information with any felony or misdemeanor (other than a misdemeanor offense punishable by fine only), participating in any pre-trial intervention or diversion program, on deferred adjudication community supervision, or on probation or parole for any offense in any jurisdiction?  
Yes \_\_\_\_ No \_\_\_\_  
If your answer is "Yes," please provide details: \_\_\_\_\_  
\_\_\_\_\_

(19) Have you ever *previously* been arrested, indicted, or charged by complaint or information with any felony or misdemeanor (other than a misdemeanor offense punishable by fine only), participated in any pre-trial intervention or diversion program, been placed on deferred adjudication community supervision, or been placed on probation or parole for any offense in any jurisdiction?

**Please note that if you have had the records of an arrest expunged by a court of competent jurisdiction, then pursuant to Texas Code of Criminal Procedure, Art. 55.03 (3), you “may state only that the matter in question has been expunged.”**

Yes \_\_\_\_\_ No \_\_\_\_\_ Any such matter(s) has (have) been expunged

Yes, plus another matter (other matters) has (have) been expunged

If your answer is anything other than “No,” please provide details in the below provided space. If you need to explain any of your responses please do so below (you may use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Juvenile Arrests/History:**

Date	County	Offense	Results

**EXHIBIT A**

Written statement from the defendant explaining his/her conduct constituting the offense charged, acceptance of responsibility, an explanation of the events which led to the charge. The statement must also include factors outlining why the defendant should be considered for Veteran's Court Program and an explanation of why Pretrial Intervention through the Veteran's Court Pretrial Intervention is more appropriate than probation in the case. ***If this section is not completed as specified, the HCDAO will not consent to transfer of the defendant's case to the Harris County Criminal Court at Law Veteran's Court Program.***

On the date I was arrested for the pending offense, (include the details of how you committed the charged offense)

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I believe that I should be considered for Pretrial Intervention through the Veteran's Court Program because...

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Pretrial Intervention through the Veteran's Court Program is more appropriate for me than probation because...

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Defendant agrees that Defendant's acceptance of responsibility statement provided herein as part of Defendant's application to participate in the Veteran's Court Program may be used by the District Attorney, but only for purposes of impeaching Defendant's testimony in a criminal case against Defendant, including any continued prosecution of Defendant in the above-captioned cause.

I certify under penalty of perjury that I have completed this application to the best of my ability, reviewed this affidavit in its entirety, and swear that all answers and written statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Defendant

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary Public, State of Texas