### ORANGE COUNTY PROBATION DEPARTMENT VETERANS COURT EVALUATION FORM

Name

Last First Middle

Circle One: Male/Female Ethnicity Circle One: Single/Married/Divorced/Widowed

Address

Street Apt. # City State Zip

How long at current address? Phone # Cell #

DOB Age SS# Place of Birth

US Citizen? YES/NO Visa/Resident Alien # Language:

CDL# Vehicles Owned (Year/Make/Model)

**LIVING SITUATION**

How many days were you homeless in the last year?

What type of Residence are you living in now? (Private home, Board and Care, etc.)

Other adults in the home (name/relationship)

Children in home

Children not living with you Providing financial support? YES/NO

Anyone in the home using drugs or alcohol? On probation/parole?

Is defendant or anyone in the home affiliated with any gang?

Any weapons in home? Dogs Plans for Transportation?

Parents’ Names

Address

Street Apt. # City State Zip

Spouse's name DOB Date of Marriage

Spouse's occupation Employment

Are you willing to reside in Orange County during the entire program? YES/NO If no, explain

**EMPLOYMENT AND EDUCATION**

Are you currently employed? YES/NO Since when? Full/Part Time?

Employer Employer's address

Work Phone Number Job Title

Longest period of employment Why left?

Highest grade completed Trade school or college

What other job skills do you have?

Are you receiving government aid? YES/NO Type: Amount

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Ct. Case #’s DPO Date

**ELIGIBLITY**

Arresting Agency DR# Offense

In Custody? Yes/No Booking #

Priors: Year Charge Sentence

1

2

3

Pending case in O.C. or any other jurisdiction? YES NO Explain

Priors involving violence or weapons ? YES NO Explain

Prior grants of formal probation/parole? YES NO Explain

Legal resident of Orange County? YES NO Explain

Does the client acknowledge a diagnosed mental illness? YES NO Explain

Willing/capable of complying with T&C’s of Veterans Court? YES NO Explain

**MILITARY HISTORY**

Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_ Deployed: 1.\_\_\_\_\_\_\_\_\_\_\_ From\_\_\_\_\_\_ to \_\_\_\_\_\_\_

Years of Service: \_\_\_\_\_to\_\_\_\_\_ 2\_\_\_\_\_\_\_\_\_\_\_. From\_\_\_\_\_\_ to \_\_\_\_\_\_\_

Combat:\_\_\_ Non-Combat\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_ to \_\_\_\_\_\_\_

Year of Discharge \_\_\_\_\_\_\_\_\_\_ VA Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Discharge\_\_\_\_\_\_\_\_\_\_ Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PTSD\_\_\_ TBI \_\_\_

**DRUG HISTORY**

Drugs/Alcohol of Choice 1. 2. 3. 4.

Age of 1st Use 1. 2. 3. 4.

Frequency of Use 1. 2. 3. 4.

Amount of Use 1. 2. 3. 4.

Date of Last Use 1. 2. 3. 4.

Longest period of sobriety When?

Methods used to remain sober

Outpatient treatment programs used

Have you ever been in any residential program?

Current medical issues and medications: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been treated, hospitalized or medicated for mental health issues? YES/NO

Explain (dates of treatment/diagnosis/meds):

History of violence Suicidal Ideation Homicidal Ideation

**CANDIDATES STATEMENT**  \_\_\_\_\_\_

**ASSESSMENT** Recommended for the program? YES/NO/PENDING Risk Level: HIGH/MED/LOW

Comments (include reasons for not recommending the candidate)

Accepted by the Court? YES/NO/CONTINUED Next Court Date: