



# Veterans Court Eligibility Questionnaire



**Court & Case #:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security: \_\_\_\_\_ (last 4 digits) Contact phone #: \_\_\_\_\_

1. In which Branch(es) of the Armed Forces did you serve? \_\_\_\_\_  
Email \_\_\_\_\_

- Army (including Army National Guard or Reserve)
- Navy (including Reserve)
- Marine Corps (including Reserve)
- Air Force (including Air National Guard and Reserve)
- Coast Guard (including Reserve)
- Other – Specify \_\_\_\_\_

2. When did you first enter the Armed Forces?

Month: Year: \_\_\_\_\_

3. When were you last discharged?

Month: Year: \_\_\_\_\_

4. Altogether, how much time did you serve in the Armed Forces?

# of Years \_\_\_\_\_ # of Months \_\_\_\_\_ # of Days \_\_\_\_\_

5. Have you ever served in any capacity in a combat zone or theater?

Yes No

6. What type of Discharge did you receive?

- Honorable Dishonorable
- General Other- Specify \_\_\_\_\_
- Other than Honorable

7. Have you ever received services at the VA Hospital?

Yes No

8. Do you have a copy of your DD Form 214?

Yes No

I hereby authorize the Veterans Court to release the following information to the Department of Veterans Affairs:  
Veterans Eligibility Questionnaire

This information is needed to determine my eligibility for consideration for the 19<sup>th</sup> District Court Veterans Program.

Signature /Date \_\_\_\_\_

**When completed forward to veterans court staff inside the probation department**