



**CUMBERLAND COUNTY PROSECUTOR'S OFFICE
VETERANS REFERRAL APPLICATION**

NAME _____ DOB _____

SSN _____

ARE YOU A VETERAN? YES NO BRANCH OF SERVICE _____

ARE YOU ELIGIBLE FOR VA BENEFITS? YES NO

DATES OF SERVICE _____

NATURE OF DISCHARGE: HONORABLE GENERAL OTHER THAN HONORABLE OTHER

DO YOU HAVE A CERTIFIED COPY OF YOUR DD FORM 214? YES NO

WHAT WAS YOUR PRIMARY JOB DESCRIPTION WHILE IN THE SERVICE?

CURRENT OCCUPATION OR EMPLOYER: *(NAME, ADDRESS, PHONE NUMBER, SUPERVISOR)*

MARITAL STATUS: MARRIED DIVORCED SINGLE RELATIONSHIP

DO YOU HAVE CHILDREN? YES NO IF YES, HOW MANY & AGES:

HAVE YOU EVER BEEN DIAGNOSED WITH A DISORDER BY VETERANS AFFAIRS? YES NO

IF YES, EXPLAIN: _____

PHYSICIAN: _____

DATE OF DIAGNOSIS: _____

CURRENT MEDICATIONS: _____

WHERE HAVE YOU ATTENDED TREATMENT? INCLUDE AGENCY, ADDRESS AND THERAPIST NAME
(PLEASE LIST ALL INPATIENT AND OUTPATIENT FACILITIES AND/OR HALFWAY HOUSES)

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE? YES NO IF YES, EXPLAIN:

(PLEASE INCLUDE SUBSTANCE ABUSED, FREQUENCY OF USE, AGE WHEN BEGAN USE, LAST USE)

HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED, CITED OR HELD BY ANY LAW ENFORCEMENT OR JUVENILE AUTHORITITES IN THE UNITED STATES REGARDLESS OF WHETHER THE CHARGE WAS DROPPED OR DISMISSED ON ANY OCCASION, OTHER THAN THIS ARREST?

YES NO IF YES, EXPLAIN: *(INCLUDE NATURE OF ARREST, DATE WHEN ARRESTED, THE JURISDICTION WHERE YOU WERE ARRESTED AND THE DISPOSITION OR OUTCOME OF YOUR CASE:)*

DO YOU HAVE ANY CRIMINAL MATTER(S) (INCLUDING MATTERS OUTSIDE OF THIS STATE) PENDING IN ANY OTHER JURISDICTION? YES NO IF YES, EXPLAIN:

BY SIGNING THIS APPLICATION, I AM INDICATING THAT I HAVE READ, OR HAD READ TO ME AND FULLY UNDERSTAND THE VETERANS REFERRAL APPLICATION. I UNDERSTAND AND AGREE THAT I AM VOLUNTARILY ENTERING THIS PROGRAM AND WILL WORK WITH MY LAWYER AND MENTOR TO SUCCESSFULLY COMPLETE THE TREATMENT AND ALL CONDITIONS NECESSARY TO COMPLETE THE PROGRAM SUCCESSFULLY.

SIGNATURE: _____ DATE: _____

NAME OF ATTORNEY WHO REPRESENTS YOU FOR THE CHARGE YOU ARE SEEKING ADMISSION INTO THE PROGRAM: ****SEE BELOW NOTE****

REFERRING AGENCY: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PLEASE EMAIL COMPLETED FORM TO VETERANS@CO.CUMBERLAND.NJ.US

** Note: In most cases, the assigned attorney question will be answered if the applicant is in court or incarcerated at the time this form is completed. If there is no assigned attorney, leave the area blank as same is not required to submit the form for consideration.