

MENTOR APPLICATION
FOR
VETERAN TREATMENT COURT

NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____

CELL: _____

MILITARY SERVICE:

BRANCH _____

TOUR OF DUTY _____

RANK AT TIME OF SEPERATION: _____

ACTIVE DUTY Y _____ N _____ RANK _____

COMBAT RELATED SERVICE:

COUNTRY _____

LENGTH OF TOUR _____

COUNTRY _____

LENGTH OF TOUR _____

NUMBER OF COMBAT TOURS _____

Please use the next page to tell us about yourself, your life experiences, and why you would like to be involved in this program.

If you have been convicted of a crime, please list the offense, and the date of conviction.

Personal history and comments. (use back of form)

Completed forms may be returned to Superior Court 1, Courthouse, 234 Washington St. Columbus, Indiana 47201 or submitted to Brad Barnes, Court Services Center, 507 3rd Street, Columbus, Indiana 47201. Or email to Rick Caldwell caldwellrick58@gmail.com
Thank you for your interest and for your service.

