

**HAMILTON COUNTY VETERANS COURT**

One Hamilton County Square, Suite 239

Noblesville, Indiana 46060-2232

Tel. (317) 776-8279

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**REQUEST to PARTICIPATE**

**Date:**

**TO: Hamilton County Veterans Court**

**FROM:**

Printed Name

**DOB:**

**Ref. Case #:**

**Last 4 SSN:**

As a current or former U.S. Military Veteran, facing charges in Hamilton County in the above case(s), I hereby request to have my case heard in Hamilton County Veterans Court and to participate in its program. The following information concerning my service is submitted:

Branch of Service: (Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force)

Designator: (Active, Reserve, National Guard)

Beginning Date: Discharge Date:

Total Service: Years Months Days

Overseas Locations:

Type of Discharge: (Honorable, General, Bad Conduct, Dishonorable, Other)

Conditions: (Honorable, Other than Honorable, NA)

Copy of DD Form 214: \_\_\_\_\_ Submitted \_\_\_\_\_ Not Submitted

Have you received VA benefits in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

**My Attorney is:**

**E-Mail:**

I understand that this request is not a guarantee of acceptance into the Program and that my acceptance will be determined at a later date. The above information is true to the best of my knowledge. I realize that submission of incorrect information may lead to my case not being accepted by Veterans Court. or if enrolled in Veterans Court in being terminated from the program.

\_\_\_\_\_  
Signature of Requestor

**E-Mail:**

**Tel. #:**