

WARREN COUNTY COMMON PLEAS COURT

Specialty Courts Application

RECOVERY COURT (WCRC) / VETERANS HONOR COURT (WCVHC)

- ☐ Recovery Court Application

☐ Veterans Court Application

Offender Name: _____ Date: _____

Case # (s): _____

Felony Level(s): _____

Charges: _____

Judge: _____ Next Court Date: _____

Date of Birth: _____ Age: _____ Last 4 digits of SSN: _____

Offender Street Address: _____

City/State/Zip: _____ Offender Phone: _____

Offender email address: _____

☐ PV ☐ Sentencing ☐ ILC ☐ Judicial Release

Is offender currently in Warren County Jail? ☐ Yes ☐ No

#1 Drug of Choice: _____ How much/how often: _____ Date last used: _____

#2 Drug of Choice: _____ How much/how often: _____ Date last used: _____

Current/Previous Drug and/or Alcohol treatment (i.e. inpatient, residential, outpatient, etc.): _____

Branch of Military: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy ☐ Space Force

Defense Attorney: _____

Defense Attorney Address: _____

Defense Attorney Email: _____ Phone: _____

Defendant Signature: _____ Date: _____

Defense Attorney/PO/Court Staff Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Return completed form to Specialty Courts Coordinator