

**Problem-Solving Court Application**

Mental Health Court / Veteran's Court  
Kate Vozar, LPC, Problem-Solving Courts Manager  
61. East Main Street  
Uniontown, PA 15401  
Phone - (724) 430-4845 Fax - (724) 430-1001

Date of Application: \_\_\_\_\_ Housing Needs? Yes No  
Defendant's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender: M F Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Criminal Charge(s): \_\_\_\_\_  
Case #(s) \_\_\_\_\_  
Trial Status: Preliminary Hearing Formal Arraignment Pre-trial Conference Trial Date: \_\_\_\_\_  
Is client currently receiving treatment? Y N If yes, where: \_\_\_\_\_  
Alleged Mental Health Diagnosis: \_\_\_\_\_  
Drug and Alcohol Use: Y N  
Referral Source: \_\_\_\_\_ Referral Source Phone #: \_\_\_\_\_

Branch of Service (if applicable): \_\_\_\_\_ Length of Service: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_  
History of VA services: \_\_\_\_\_

I wish to be considered or to refer the above individual for the Fayette County Problem-Solving Court Program. The following must be attached: **Criminal or MDJ Docket, Criminal Complaint, Affidavit of Probable Cause.**

Applicants Signature: \_\_\_\_\_  
Or  
Referral Source Signature: \_\_\_\_\_