

Prepared by: \_\_\_\_\_  
**Community Veteran Justice Project**  
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Social and Environmental Entrepreneurs (SEE)  
23564 Calabasas Road, Suite 201  
Calabasas, CA 91302

Client's name (First, Last) : \_\_\_\_\_  
Birth date (mm/dd/yyyy): \_\_\_\_\_ Gender: M / F / OTHER  
Race (required for funding): \_\_\_\_\_  
SSN (last 4): \_\_\_\_\_ U.S. Citizen: YES / NO  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone secondary: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**STATUTE INTAKE FORM**  
**Penal Code 1001.80**  
**Penal Code 1170.9**

To qualify: 1. military or veteran status 2. mental health condition as a result of military service 3. set up treatment program for conditions

Case #: \_\_\_\_\_ Current court: \_\_\_\_\_ Date: \_\_\_\_\_  
Court location #: \_\_\_\_\_ Next court: \_\_\_\_\_ Date: \_\_\_\_\_  
Custody status: **IN / OUT** Charges: \_\_\_\_\_ **MIS / FEL**

Current housing situation **YES / NO** \_\_\_\_\_ Is it stable: **YES / NO** \_\_\_\_\_

Transportation: **YES / NONE** \_\_\_\_\_ Employment: **YES / NONE** \_\_\_\_\_

If **NONE**, currently seeking: \_\_\_\_\_

MILITARY/NATIONAL GUARD SERVICE DD214: **YES / NO** \_\_\_\_\_ order at <http://archives.gov/veterans>

Currently active: **YES / NO** Branch: \_\_\_\_\_ Job/MOS: \_\_\_\_\_

Highest rank attained: \_\_\_\_\_ Rank when discharged: \_\_\_\_\_

Discharge status: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Deployments: **YES / NO** where and when: \_\_\_\_\_

Combat or combat zone deployment: **YES / NO** (if yes can get services at VA)

Eligible for VA benefits: **YES / NO** Eligible for Med-i-CAL: **YES / NO**

Self-reported disabilities (mental health condition related to military): \_\_\_\_\_

Have you ever been evaluated for a mental health condition: **YES / NO**

If **YES** when: \_\_\_\_\_ where: \_\_\_\_\_

VA rating: **YES / NO** \_\_\_\_\_ If **NO** rating, any rating case pending: \_\_\_\_\_

Diagnosed or experienced any of the following: **PTSD / DEPRESSION / ANXIETY / TBI / SUBSTANCE ABUSE / MSTII**

Other mental health concerns: \_\_\_\_\_

Have you received any treatment for this: **YES / NO** where: \_\_\_\_\_ when: \_\_\_\_\_

Prescribed medications: **YES / NO** \_\_\_\_\_

Currently taking **YES / NO**

How do you get medication: **DOCTOR / COURT ORDER / OTHER:** \_\_\_\_\_

**Other services client needs:**

- |  |   |
|--|---|
| <input type="checkbox"/> Courthouse  | <input type="checkbox"/> Los Angeles County Bar Association (LACBA)                             |
| <input type="checkbox"/> Attorney  | <input type="checkbox"/> Entrepreneur   |
| <input type="checkbox"/> Public Counsel Service(s)                                   | <input type="checkbox"/> Small Business Administration (SBA)                                    |
| <input type="checkbox"/> Safe House Community Program                                | <input type="checkbox"/> US VETS  |
| <input type="checkbox"/> LA Homeless Services Authority                              | <input type="checkbox"/> Village for vets   |
| <input type="checkbox"/> Neighborhood Legal Services                                 | <input type="checkbox"/> Veterans Resource Center (VRC)   |
| <input type="checkbox"/> LA County Bar Association Veterans Project                  | <input type="checkbox"/> LA veteran collaborative employment group                              |
| <input type="checkbox"/> Veterans Service Organization (VSO)                         | <input type="checkbox"/> Public Counsel Service(s)  |
| <input type="checkbox"/> Veterans Justice Outreach letter   VJO                      | <input type="checkbox"/> LA court(s)/LA public defender   |
| <input type="checkbox"/> Veteran Readiness and Employment (Vr&E)   Vocational Rehab) | <input type="checkbox"/> Mathew Millen (Citizenship and Immigration assistance)                 |
| <input type="checkbox"/> Veteran Peer Access Network   VPAN                          | <input type="checkbox"/> Mark Rosenfeld (DMV Hearing   Ticket(s)   Expungement(s) assistance)   |
| <input type="checkbox"/> Entrepreneur Bootcamp                                       | <input type="checkbox"/> Levitt and Quinn law firm (Divorce   Child Custody Support assistance) |
| <input type="checkbox"/> USC Small Business Clinic                                   |   |

**OTHER (specify):** \_\_\_\_\_

**DO NOT FILL OUT BELOW - ATTORNEY COMPLETES (if felony does the charge qualify for probation in order to use PC 1170.9?)**

PD / APD / Panel/P ATTORNEY NAME: \_\_\_\_\_ Exposure: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ DA offer: \_\_\_\_\_  
PHONE: \_\_\_\_\_ Open cases: \_\_\_\_\_  
Other probations: \_\_\_\_\_  
CTS: \_\_\_\_\_