130 N. Washington Avenue Brixx Building, 2nd Floor Scranton, P.A. 18503 Business# (570)496-1736 Fax (570)496-1737

Lackawanna County Treatment Court

Questionnaire

Last Name _	First Name	Last 4#s of Social Security
. 1.	Did you ever serve in the U.S. Armed Forces Yes If Yes go to Question 3 No	
2	Did you ever serve in the U.S. National Guar Yes If Yes go to Question 3 No	rd or Reserves?
	 In what Branch(es) of the Armed Forces did Army (including Army National Guard of Navy (including Reserve) Marine Corps (including Reserve) Air force (including Air National Guard Coast Guard (including Reserve) Other – Specify	and Reserve)
2	. When did you first enter the Armed Forces? Month: Year:	
	Month: Year:	
	 Altogether, how much time did you serve in # of Years # of Months # of Days 	n the Armed Forces
	 7. What type of Discharge did you receive? Honorable General (Honorable Conditions) General (Without Honorable Condition Other than Honorable Bad Conduct Dishonorable Other - Specify Don't Know 	
· ·	 Don't Know Have you ever Received Services at the VA Yes No 	A Hospital?