

North Bay Stand Down Veteran Registration Form

October 16, 17, 18, 2012

To the person registering the veteran: Please be SURE to read this to the Veteran before you fill out the form (print neatly)
 The North Bay Stand Down is a three-day encampment, intended to assist Veterans and their family members. You are expected to stay onsite during the entire event, including nights. There are no in-and-out privileges. Tents, cots and meals will be provided to you. Same day registration for Court **is no longer permitted**. You will **not** be allowed to come and sign up for services (such as Court or Legal), leave, and then return. If you choose not to stay for the entire event, you must arrange for your own transportation home. If you leave early, you will not be allowed to take any military surplus gear with you, and will not be allowed to return for Court Services.

This is a 100% drug and alcohol free event. NO PETS are allowed. All personal possessions, medications and weapons will be checked in at the gate with Security and returned to you when you leave.

Failure to follow the rules may lead to immediate expulsion from the Stand Down.
To expedite registration onsite, please bring a copy of your DD Form 214 or VA medical card.
 You are signing up as a Veteran, not a Volunteer. Is this your intention? Yes

Name		Phone		Work Phone		
Address			City		Zip Code	
SSN		Birth Date		e-mail		
Family Information	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower					
	If Married, spouse's name			Number of children		
	Will your family members be attending the Stand Down? <input type="checkbox"/> Yes <input type="checkbox"/> No (Family members are ONE wife/significant other and underage children only.)					
Military Service Information	Branch of Service <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy					
	If other, please specify			<input type="checkbox"/> Disabled		<input type="checkbox"/> Retired
	<input type="checkbox"/> Afghanistan <input type="checkbox"/> Bosnia <input type="checkbox"/> Iraq <input type="checkbox"/> Korea <input type="checkbox"/> Lebanon <input type="checkbox"/> Panama <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Vietnam <input type="checkbox"/> WWII <input type="checkbox"/> Other					
Services Required	VA <input type="checkbox"/> Agent Orange <input type="checkbox"/> Counseling <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Veterans Benefits					
	Other <input type="checkbox"/> Child Support Services <input type="checkbox"/> CMSP/Medi-Cal <input type="checkbox"/> Clothing <input type="checkbox"/> DMV <input type="checkbox"/> Employment Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Shelter/Housing Referral <input type="checkbox"/> Sleeping Bags/Blankets <input type="checkbox"/> SSA/SSI/SSDI <input type="checkbox"/> Voicemail/PO Box					
COURT SERVICES <i>Depending on the Judges' availability</i>	What County(s)? <input type="checkbox"/> Lake <input type="checkbox"/> Napa <input type="checkbox"/> Solano <input type="checkbox"/> Sonoma <input type="checkbox"/> Yolo <input type="checkbox"/> Mendocino Ticket/Case Numbers?			You MUST pre-register! If you wish to have your legal matters heard in Stand Down Court You MUST sign up for Court Services ASAP! But not later than October 6th.		
Medical and Mental Services Needed	<input type="checkbox"/> Dental <input type="checkbox"/> Drug/Alcohol Treatment Referral <input type="checkbox"/> Feet <input type="checkbox"/> Gulf War Syndrome <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Mental Health <input type="checkbox"/> PTSD <input type="checkbox"/> Skin <input type="checkbox"/> Other					
	If other, please specify					
	Special Accommodations Needed? (Vision/Mobility?)					
Statistical Data	Are you able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Do you currently receive <input type="checkbox"/> VA Disability or Compensation Benefits <input type="checkbox"/> SSI/SSA/SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> General Assistance <input type="checkbox"/> Other Benefits					
	Where did you hear about the Stand Down? <input type="checkbox"/> Friend <input type="checkbox"/> VA <input type="checkbox"/> County Veterans Services <input type="checkbox"/> Social Worker <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Poster <input type="checkbox"/> Other _____					

To be completed by County VSO / VA Official ONLY

Date of Registration: _____ Verified Service From _____ to _____
 Character of Service _____
 Current Benefits: VA Compensation Pension Education
 Amount \$ _____ Sent to address _____
 Verified Disabilities _____
 Service connected? _____% VA Claim number _____
 Signature of County VSO/VA Official _____ Date: _____

Please fax to the Solano County Veterans Services Office at (707) 784-0927
with a copy of your DD Form 214 or VA medical card and the Court Intake Form (if Court Services are requested).

2012 North Bay Stand Down Court Intake Form
Interviewer must fill out this form for the veteran

Please *PRINT NEATLY*

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

<input type="checkbox"/> SOLANO	<input type="checkbox"/> YOLO	<input type="checkbox"/> SONOMA	<input type="checkbox"/> NAPA	<input type="checkbox"/> LAKE	<input type="checkbox"/> MENDOCINO
Deadline Date Oct 6 th	Deadline Date Oct 6 th	Deadline Date Oct 6 th	Deadline Date Oct 6 th	Deadline Date Oct 6 th	Deadline Date Oct 6 th

PRINT ALL INFORMATION

NAME (Last, First, MI) AND AKA		TENT ASSIGNMENT # (To be filled in on First Day of Stand Down, Oct. 16 th)
ADDRESS (Street, City, State, ZIP)		TELEPHONE NUMBER (Good, Current Contact number)
DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVERS LICENSE NO. & STATE IF NONE, WHEN LOST - DATE _____
CHARGE(S) – LIST ALL The following crimes will not be eligible for Stand Down Court: <i>Felonies</i> , crimes involving <i>Violence</i> including <i>Domestic Violence</i> , <i>DUI's</i> and <i>Family Law</i> matters including <i>Custody and Support</i>		COUNTY/STATE

RESEARCH	
_____ No cases found on CORPUS	_____ CORPUS cases found (SEE ATTACHED PRINTOUTS)
_____ No cases found on CASP	_____ CASP cases found (SEE ATTACHED PRINTOUTS)
_____ No cases found in system	_____ Out-of-County cases found (SEE ATTACHED PRINTOUTS)

CONTROL _____ Veteran received copy of Out-of-County letter

Faxed by _____
Volunteer Name
Date and Time