



"leave no veteran behind and honor their service"

City of Spokane Veterans Court Questionnaire

Date _____

Name: (please print)

Case number _____

First _____ Middle _____ Last _____

DOB: _____ Sex: male female SSN: _____

Branch of Service: Army Navy Marines Air Force Coast Guard Reserve
Air National Guard Army National Guard Merchant Marine

Dates of Service: From: _____ To: _____

Type of Discharge: _____

Have you served in a combat zone? Yes No

If you have served in a combat zone state where your service occurred: _____

Registered in VA in Spokane or other facility: Yes No Where: _____

VHA: Yes No Applied in the Past: Yes No PTSD or TBI: Yes No

VBA Benefits: Yes No Disability Rating % _____ Applied in the Past: Yes No

VBA Veterans Court Consent Form Yes No Date Applied _____/_____/_____

Highest Education Attainment: High School Diploma GED College Graduate Vocational Training

Applied for Voc-Rehab or VA Education Benefits? Yes No _____

Are you a Native American? Yes No If so what Tribe? _____

Additional Comments: _____
