

Name: _____

Docket # _____

**Buffalo
Veterans Court**

Mentor Log

Buffalo Veteran Court Continuity Sheet

<p>Name: _____</p> <p>DOB _____</p> <p>(MM/DD/YR) _____</p> <p>Current Phone# () _____</p>	<p>Current Address</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Branch of Service</p> <p><input type="radio"/> Army</p> <p><input type="radio"/> USMC</p> <p><input type="radio"/> Navy</p> <p><input type="radio"/> Air Force</p> <p><input type="radio"/> Coast Guard</p>	<p>Years Served</p> <p><input type="radio"/> Active # _____</p> <p><input type="radio"/> Reserves # _____</p> <p><input type="radio"/> Retired</p>
<p>Combat Deployments <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Viet Nam <input type="checkbox"/> Persian Gulf</p> <p><input type="checkbox"/> OEF <input type="checkbox"/> OIF</p> <p>Other: _____</p>	<p>DD-214</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Enrolled in VA</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Visited OEF/OIF Office</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

Benefits

<p>Entitled to GI Bill <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Applied to VA Comp & Pension <input type="radio"/> Yes <input type="radio"/> No</p>
Family	
<p>Married <input type="checkbox"/></p>	<p>Separate <input type="checkbox"/></p>
<p>Divorced <input type="checkbox"/></p>	<p>Widowed <input type="checkbox"/></p>
<p>Spouse Name _____</p>	<p>Children <input type="checkbox"/></p>
<p>Employed <input type="radio"/> Yes <input type="radio"/> No</p> <p>Where _____</p>	<p># of Boys _____ # of Girls _____</p>
<p>Arrested <input type="radio"/> Yes <input type="radio"/> No</p> <p>City _____</p>	<p>Transportation issues <input type="radio"/> Yes <input type="radio"/> No</p> <p>Issued Bus Pass <input type="radio"/> Yes <input type="radio"/> No</p> <p>Pending <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Initial Mentor: _____</p>	<p>Offense Charged (optional)</p> <p>Date _____</p>

