

**PINE COUNTY
VETERANS RESTORATIVE JUSTICE PROGRAM
MILITARY SERVICE QUESTIONNAIRE**

Full Legal Name: _____

Branch of Service: _____

Date of Entry: _____

Date of Discharge: _____

Total Length of Service: _____

Type of Discharge: _____

Rank at Discharge: _____

Awards and Medals:

Military Occupational Specialty(ies) (MOS):

Schools and Training. List all schools and training that you attended during your military service, including the date, location and subject matter of each school or training. Attach additional sheets if necessary.

From: _____ To: _____

Location: _____

School/Training: _____

From: _____ To: _____

Location: _____

School/Training: _____

From: _____ To: _____

Location: _____

School/Training: _____

From: _____ To: _____

Location: _____

School/Training: _____

List all duty stations and deployments during your military service, including the date of each duty station or deployment, the location of each duty station or deployment, and a description of your duties at each duty station or deployment. Attach additional sheets if necessary.

From: _____ To: _____

Location: _____

Duties _____

From: _____ To: _____

Location: _____

Duties _____

From: _____ To: _____

Location: _____

Duties _____

From: _____ To: _____

Location: _____

Duties _____

List all injuries you received during your military service, including the date of the each injury, the type of each injury, where you were stationed or deployed when you received each injury, and the treatment you received for each injury. Attach additional sheets if necessary.

Date of Injury: _____

Type of Injury: _____

Station/Deployment: _____

Treatment Received for Injury: _____

Date of Injury: _____

Type of Injury: _____

Station/Deployment: _____

Treatment Received for Injury: _____

Date of Injury: _____

Type of Injury: _____

Station/Deployment: _____

Treatment Received for Injury: _____

Have you been a subject of any formal misconduct, disciplinary infraction or crime (e.g. captain's mast, office hours, Article 15, Court Martial, etc.) during your military service? If so, include the date of the discipline, your duty station or deployment at the time of the discipline, and the underlying allegations. Attach additional sheets if necessary.

Date: _____

Type of Discipline: _____

Station/Deployment: _____

