

# **VETERANS COURT APPLICATION**

Revised 06/16/14

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**Applicant's name**

# Veterans Court

## Eligibility Questionnaire

- 1) Have you ever served in the U.S. Armed Forces?  
 Yes  
 No
  
- 2) Have you ever served in the U.S. National Guard or Reserves?  
 Yes  
 No
  
- 3) In what branch of the Armed Forces did you serve?  
 Army (including Army National Guard or Reserve)  
 Navy (including Reserve)  
 Marine Corps (including Reserve)  
 Air Force (including Air National Guard and Reserve)  
 Coast Guard (including Reserve)  
 Other – Specify \_\_\_\_\_
  
- 4) When did you first enter the Armed Forces?  
Month & Year \_\_\_\_\_
  
- 5) During this time did you see combat in a combat line unit?  
 Yes  
 No
  
- 6) When were you last discharged?  
Month & Year \_\_\_\_\_
  
- 7) Altogether, how much time did you serve in the Armed Forces?  
Number of Years \_\_\_\_\_  
Number of Months \_\_\_\_\_  
Number of Days \_\_\_\_\_
  
- 8) What type of discharge did you receive?  
 Honorable  
 General (Honorable Conditions)  
 General (Without Honorable Conditions)  
 Other Than Honorable  
 Bad Conduct  
 Dishonorable  
 Other – Specify \_\_\_\_\_  
 Don't Know
  
- 9) Have you ever received services at any VA Hospital?  
 Yes  
 No

# VETERANS COURT APPLICATION

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Attorney: \_\_\_\_\_

Case No(s). \_\_\_\_\_

Charge(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number(s), including cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Local Relative (other than spouse): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

I am:                     married     divorced     never married     widowed

Spouse's Name (if married): \_\_\_\_\_

Spouse's Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Spouse's Telephone: \_\_\_\_\_

Spouse's Employment: \_\_\_\_\_

Spouse's Work Telephone: \_\_\_\_\_

Children's names, ages,  
and where they reside: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all past criminal convictions,  
date of conviction, and location  
of conviction. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation  
or parole from any past convictions?     yes     no

If on probation/parole, name of jurisdiction,  
name and telephone # of probation officer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have pending charges in this or any other jurisdiction? ( ) yes ( ) no

Do you have reliable transportation? ( ) yes ( ) no

Do you have a Driver's License? ( ) yes ( ) no

DL No. \_\_\_\_\_

Do you have health insurance? ( ) yes ( ) no

If yes, name of insurance provider: \_\_\_\_\_

Do you believe you have a substance abuse problem? ( ) yes ( ) no

What is your drug of choice? \_\_\_\_\_

Do you believe you need treatment for substance abuse or addiction? ( ) yes ( ) no

Do you believe you have or have you been previously diagnosed with a mental health issue? ( ) yes ( ) no

If you have been previously diagnosed with a mental health issue what was the diagnosis and when/where did you receive the diagnosis/treatment?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What talents or skills do you have?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the last grade of school completed? \_\_\_\_\_

Why are you applying for Veterans Court? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What will prevent you from  
Completing Veterans Court? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain, in detail, your actions that  
led to these criminal charges. Use the  
back side of the page if needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Please consider the following reactions which sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to the traumatic event. Please indicate whether or not you have experienced any of the following **AT LEAST TWICE IN THE PAST WEEK**:

	YES, AT LEAST TWICE IN THE PAST WEEK	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the event		
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event		
6. Difficulty falling or staying asleep		
7. Irritability or outbursts of anger		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Being jumpy or being startled at something unexpected		

# VETERANS COURT RULES & REQUIREMENTS For GRADUATION

In order to graduate from Veterans Court, I will abide by all of the following Rules and Requirements. I further understand that failure to comply with any such Rule or Requirement will result in a sanction, which may include termination from the Veterans Court Program and imposition of my jail or prison sentence.

Initials

Rule

\_\_\_\_\_

I will attend every Court session as ordered, on time. I understand that I am responsible for making sure that I have a reliable method of transportation.

\_\_\_\_\_

I will report to the Veterans Court Case Manager or other Veterans Court personnel as directed by the Veterans Court Case Manager or Treatment Director.

\_\_\_\_\_

I will comply with all terms of my Treatment Plan, and I understand that it may be changed as needed during my participation in Veterans Court. I understand the extent and seriousness of my drug use or mental health issues may be re-assessed during my participation in the Veterans Court Program and that I may be referred to intensive outpatient treatment, inpatient treatment, or other treatment programs deemed appropriate for me and that, if I am referred to such a program, I will be required to successfully complete the program before I can complete the Veterans Court Program. I understand that I may be required to pay some or all of the costs of any treatment program to which I am referred.

\_\_\_\_\_

I understand that I am responsible for calling the Drug Monitoring System **every day**. I understand that a missed drug screen, abnormally diluted drug screen, or a refusal/inability to submit to a drug screen will be treated as a positive drug screen by the Veterans Court and that I will be sanctioned by the Court. I also understand that if I miss a screen, I should test as soon as I discover that I missed, and I should call my Case Manager immediately to inform the Court of the missed screen and the makeup screen.

\_\_\_\_\_

I will obtain and maintain full-time employment or be enrolled as a full-time student unless specifically excused from this requirement by the Court.

\_\_\_\_\_

I will not use or possess any mind-altering substance, including alcohol, during my participation in the Veterans Court Program. I understand that I will be sanctioned for any use of mind-altering substances, including alcohol, during my participation in the Veterans Court Program.



\_\_\_\_\_ I will not consume any prescription medication without first obtaining a prescription from my doctor, **and** having my doctor sign an Acknowledgement that he/she is aware that I am participating in Veterans Court, **and** presenting the Acknowledgment to the Veterans Court Case Manager, **and** receiving permission from the Veterans Court Case Manager to take the medication. I understand that I am responsible for obtaining my doctor's signature and any other required information (including diagnosis) on the Acknowledgement, that I may obtain these forms from the Veterans Court office, and that I am responsible for having such a form with me at all times in case I am required to seek immediate medical treatment.

\_\_\_\_\_ I understand that I will not be allowed to obtain a prescription for methadone during my participation in the Veterans Court Program.

\_\_\_\_\_ I understand that I will not be allowed to obtain a prescription for any substance for which I was arrested during the Veterans Court Program.

\_\_\_\_\_ I understand that I cannot consume any non-prescription medication without first determining whether it is on the approved list of over-the-counter medications given to me on my first day in Veterans Court.

\_\_\_\_\_ If Ordered by the Court, I understand that I may be required to obtain a Driver's License if I do not currently possess one and I otherwise qualify.

\_\_\_\_\_ If Ordered by the Court, I understand that I may be required to obtain a high-school diploma or GED Certificate.

\_\_\_\_\_ I understand that I may not possess or use firearms during my participation in Veterans Court.

\_\_\_\_\_ I understand that I must notify my Veterans Court Case Manager immediately of any contact that I have with law enforcement.

\_\_\_\_\_ I understand that any drug use or any other sanctionable event within four months of my anticipated Veterans Court graduation date will result in an extension of the time required to graduate from Veterans Court if I am allowed to complete the program and not terminated.

\_\_\_\_\_ I understand that I am responsible for keeping the Veterans Court Office and my Case Manager informed at all times of my current address, employment, and telephone number. I understand that if the Veterans Court is unable to contact me because of inaccurate or outdated contact information, I will be sanctioned by the Court.

\_\_\_\_\_

I understand that I will be sanctioned for violation of any of these Rules & Requirements. I understand that my case will be treated individually and that any sanctions I receive may be more or less severe than sanctions given to other Participants who violate the same or similar rules.

\_\_\_\_\_

I understand that I will be required to pay for all drug screens I must take during my participation in the Veterans Court Program.

\_\_\_\_\_

I understand that I am required to pay Veterans Court fees totaling \$1,200.00 for the Veterans Court Program before I will be allowed to graduate from Veterans Court. I also understand that if I am allowed to enter either program on a case in which there is restitution that I may not be allowed to graduate until that restitution is paid in full. I understand that I will not be promoted to a higher Phase of the Veterans Court Program unless I have first entered into a written payment plan with my Veterans Court Case Manager and I am compliant with that pay plan and that I may not be allowed to travel out of town overnight until a portion of my fees are paid. I also understand that additional fees may be charged if my participation in the program is longer than my originally anticipated graduation date in order to cover the cost of additional drug screens.

\_\_\_\_\_

I will comply with all other Court orders and requirements of the Court, the Veterans Court Case Manager, and the Treatment Director not specifically set forth in these Rules & Requirements.

\_\_\_\_\_

Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

## Drug Screening Protocol for Veterans Court

As a condition of my admission into any Program of the Veterans Court, I understand and agree to all of the following Drug Screening Protocols and Procedures:

1. Drug Screening shall be conducted only on urine samples provided by me. I will not be allowed to have drug screening conducted by blood sample, hair follicle, or other screening method;
2. I will be drug screened at least 6-8 times per month throughout the program;
3. While my application is pending, I will only be allowed to provide urine samples at the Work Release Lab;
4. Following my formal admission to the Program, I may be allowed to test at alternative locations, but will only be allowed to do so at the discretion of my case manager and only at testing facilities approved by the Lab Director as complying with standards of the Veterans Court Program. The privilege of testing at locations other than the Work Release Lab may be withdrawn at any time at the discretion of the Court or my case manager, and will be suspended, at least temporarily, following any sanction I receive;
5. I understand that initial testing of my urine samples will be conducted by the Community Corrections Lab. Any positive drug screen result (a result that indicates I have used a prohibited substance or a result that indicates an abnormally diluted urine sample) must be “confirmed” before I may be sanctioned or punished for such result. A positive drug screen may be confirmed in two ways. I will first be given an opportunity to admit or deny use of the substance indicated by the initial drug screen result, or to accept or challenge an initial indication of an abnormally diluted urine sample. If I admit use of the indicated substance or accept the initial indication of abnormal dilution, I understand I will be sanctioned or punished for such result. If I deny use of the indicated substance or challenge the initial indication of an abnormally diluted urine sample, I will not be sanctioned or punished until my urine sample is sent for confirmation testing by Gas Chromatography/Mass Spectrometry (GC/MS) or, in the event the initial screen indicates use of alcohol, confirmation testing by Liquid Chromatography/Mass Spectrometry/Mass Spectrometry (LC/MS/MS). If GC/MS or LC/MS/MS testing also indicates use of a prohibited substance or a diluted urine sample, my positive screen will be deemed confirmed and I will be sanctioned or punished for such result. I understand that a sanction following a GC/MS or LC/MS/MS confirmation will be more severe than a sanction following a confirmation by my admission and acceptance of responsibility. In the event I request a GC/MS or LC/MS/MS confirmation of any drug screen result, I will be responsible for payment of the confirmation testing if the initial results are confirmed by GC/MS or LC/MS/MS;
6. I agree that all drug screen results, whether initial screen results from the Community Corrections Lab or confirmation results from labs conducting GC/MS or LC/MS/MS confirmation, will be provided to the court in writing, and that all supporting chain of custody information will likewise be provided to the court in writing. As a condition of my admission into the Program, I expressly and specifically waive any requirement for personal appearance by, or testimony of, any person or entity involved directly or indirectly in the transportation, storage, maintenance, handling, or testing of any urine screen;

7. If allowed to leave a urine sample at any lab facility other than the Community Corrections Lab, I understand that testing of such urine sample will be conducted by the alternative lab facility. I agree that the court will accept the results provided by such alternative lab facility and that such alternative lab facility may not have the ability to maintain or store my initially positive urine sample for confirmation screening by GC/MS or LC/MS/MS. In that event, I am bound by the results provided by the alternative lab facility and any positive drug screen results or abnormally diluted urine sample will be deemed confirmed;
8. In the event I provide a urine sample at Community Corrections Lab that I believe may be abnormally diluted, I will have the opportunity to leave a second urine sample, provided: (a) I do not leave the lab between providing the first and second sample; (b) I leave the second sample no more than 60 minutes after the first sample; **and** (c) the second sample is provided prior to 7:00 p.m.;
9. I may **not** ask any lab personnel about the results of any drug testing on any of my urine samples, nor seek advice regarding providing second urine samples under the circumstances set forth in Paragraph 8;
10. I must leave a sufficient volume of urine for both initial drug screening and, if necessary, confirmation GC/MS or LC/MS/MS drug screening. The minimum volume required for such testing will be determined by the Community Corrections Lab. If I do not leave a sufficient volume of urine for either initial drug screening or confirmation GC/MS or LC/MS/MS drug screening, my urine sample will be deemed to be positive and I will be sanctioned for such result;
11. I understand the Community Corrections Lab is open from 7:00 a.m. to 7:00 p.m. and that I am not allowed to test outside of those hours without the **prior written authorization** of my case manager. I understand that lab personnel are specifically prohibited by the Court from accepting urine samples outside of these hours without prior written consent of my case manager.

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Participant

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Date

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Participant's Attorney

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Date

# VETERANS COURT LIST OF SANCTIONS

Sanctions will be imposed for violation of any of the Veterans Court Rules & Requirements, as well as violation or any other failure to comply with an Order of the Veterans Court Judge, the Veterans Court Case Manager, or the Veterans Court Treatment Director. Sanctions will be imposed based on the specifics of the individual case. Additionally, treatment may be required which may include an outpatient or inpatient treatment program. Such a requirement is a therapeutic effort to address my substance abuse problem or mental health issue and is not designed to be a sanction or punishment for any rules or requirements violated. The same violation may not result in the same sanction for two different Veterans Court participants. The following is a partial list of sanctions that may be imposed for non-compliance. The Court or Veterans Court Case Manager may impose different or additional sanctions that may be appropriate for the non-compliant conduct:

Incarceration in the County Jail

Detention at the Community Corrections Facility (Work Release).

Community service

Electronic monitoring

Increased frequency of court appearances

Increased reporting to Case Manager

Increased frequency of drug screens

Delay in graduation date

Increased costs to graduate (only applicable if sanction results in extension of time to graduate).

Termination from the Veterans Court Program – Imposition of Sentence or reinstatement of charges that were continued to be dismissed pursuant to Deferred Prosecution

I have read and understand the sanctions I may be subject to for violation of the Veterans Court Rules & Requirements.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL  
VETERANS COURT MENTAL HEALTH/ SUBSTANCE ABUSE INFORMATION**

I, \_\_\_\_\_, have read or had explained to me the Notice to Patients Pursuant to 42 C.F.R. § 2.22 regarding the disclosure of my treatment information and hereby consent to the release of the approved treatment information between the following individuals and/or entities:

The Veterans Court (including all Veterans Court team members); my retained or appointed defense counsel; the Community Corrections Facility; and any outpatient or inpatient substance abuse treatment program or facility to which I may be referred or in which I may participate during my participation in the Veterans Court Program.

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the Veterans Court monitoring criteria.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Veterans Court Program for the above-referenced case(s), such as the discontinuation of all court supervision upon my successful completion of the Veterans Court Program requirements OR upon my discharge from the program or the imposition of my sentence following my termination from the Veterans Court Program for failure to comply with Program requirements.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of patient records and that recipients of this information may re-disclose it only in connection with official duties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Participant

**NOTICE TO PATIENTS PURSUANT TO 42 C.F.R. § 2.22**

The confidentiality of mental health and alcohol and drug abuse patient records maintained by this Program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having a mental illness or as a drug or alcohol abuser UNLESS:

1. The patient consents in writing;
2. The disclosure is allowed by a Court Order; or
3. The disclosure is made to medical personnel in a medical emergency or to a qualified person for research, audit or program evaluation.

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal laws and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

**PERMISSION TO CONDUCT SEARCH AND TO SEIZE CERTAIN PROPERTY**

I, \_\_\_\_\_, do hereby give my consent to any police officer, Sheriff, Deputy Sheriff, State Trooper, any agent or employee of the District Attorney’s Office, or any agent or employee of the Veterans Court Program to enter any premises under my control or to detain me or any vehicle under my control for the purpose of searching my person or the premises or vehicle under my control. I understand that the search may be performed at any time of the day or night for the purposes of searching for and seizing any controlled substances, paraphernalia, or any other evidence relative to the possession, distribution, manufacture or use of any controlled substance. I also understand that if any evidence is found, it will be used against me if it is evidence of a criminal offense, or if it is evidence that I have violated the conditions of my participation in the Veterans Court Program.

By my signature below, I affirm that I grant said consent for so long as I am participating in the Veterans Court Program.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

## DEFENDANT'S ADMISSION OF GUILT

I, \_\_\_\_\_ hereby voluntarily and in the presence

(Name of Defendant)

of my attorney \_\_\_\_\_, state the facts concerning my

(Name of attorney)

arrest on \_\_\_\_\_:

(Date of Offense)

I have read the above statement and verify that it is a true and accurate representation of fact, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I verify that I have not in any manner altered the truthful account of the facts surrounding my case in order to receive the privilege of participating in the Veterans Court Program. I further verify that I enter this Admission of Guilt voluntarily, and that I have not been coerced or threatened into doing so. I understand that in the event I am rejected for the Veterans Court Program that this Admission of Guilt will not be used against me in the further disposition of this matter, whether by plea, trial, or otherwise. However, I also understand that in the event I am admitted to the Veterans Court Program and am subsequently terminated from that Program for non-compliance, this Admission of Guilt will be used against me in subsequent proceedings regarding this matter, including its admission at any trial regarding this matter.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date