



Shelby County Community Corrections

"Providing Alternatives and Opportunity for Shelby County"

P. O. Box 70
Columbiana, AL 35051



Veterans Court Intake Packet

Welcome to the Shelby County Veterans Court Program. This folder contains information to assist you during your participation in the Veterans Court Program. You are responsible for knowing and maintaining the information and forms contained here. The following items are included:

- Frequent Contacts (Page 2)
- Rules & Requirements for Participation in and Graduation From Program (Pages 3 -6)
- List of Sanctions (Page 7)
- Urine Abstinence Testing and Incidental Alcohol Exposure Contract (Page 8)
- Diluted Urine Sample Advisory (Page 9)
- Drug Testing Form (Page 10)
- Participant Authorization for Disclosure of Protected Health Information (Page 11)
- Medical Form (Page 12) - A Notice to Physician which must be signed by your treating physician and returned to the Veterans Court Office every time you receive a prescription. You may make copies of the blank form or obtain additional copies from the Veterans Court office, but you should have at least one blank form with you at all times in case a visit to a physician or hospital become necessary. VA medications can be verified through www.Myhealth.va.gov
- Medical Form Procedures (Page 13)
- Prescription Medication Request Form (Page 14)
- Prescription Safe To Take List (Page 15)
- Over The Counter Safe Medication List (Page 16)
- Veterans Court Payment Agreement (Page 17)
- A Request to Travel Out of Town, which you must complete and have approved by your Veterans Court Case Manager or the Court prior to leaving town at any time (Page 18)
- Notification of Change of Address, Telephone or Employment, which you must provide to Veterans Court Case manager any time these items are changed (Page 19)
- Dress Code (Page 20)
- Resource Sheet (Page 21)

You are responsible for keeping any items that you may need during your participation.

The Shelby County Veterans Court is designed to assist you in addressing and overcoming your substance use and/or abuse issues as well as any mental health issues. If there are additional services or assistance you need in your efforts, please make a Veterans Court Team Member aware of your needs and we will do everything we can to assist you.



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Shelby County Veterans Court Team Frequent Contacts

Drug Court Office- Crystal Howell
Phone 669-8900
Fax 669-8901

COLOR CODE: 669-8902 (MUST CALL EVERYDAY)

Address: Shelby County Veterans Court
P.O. Box 70
Columbiana, AL 35051

Robin Bird (Veterans Court Case Manager)	669-3950
Debbie Fickle (Treatment Coordinator)	669-3643
Ahmad Brewer (Veterans Affairs Liaison)	993-8101 ext. 6813



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Rules and Requirements for Graduation

In order to graduate from the Shelby County 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 getting to Court each week.

I will report to my Veterans Court Case Manager as directed by the Court.

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 issue may be assessed at different times 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 Color Code System **every day** at **669-8902**. I understand that a missed drug screen, abnormally diluted drug screen, or a refusal to submit to a drug screen will be treated as a positive drug screen by Veterans Court and that I will be sanctioned by the Court. I also understand that if I miss a drug 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 keep full-time employment or be enrolled as a full-time student unless on full disability or specifically excused from this requirement by the Court.



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I will not use or possess any mind-altering substance, including alcohol, during my participation in the Veterans Court Program. I understand I will be sanctioned for any use of mind-altering substances, including alcohol, during my participation in the Veterans Court Program. **NO SYNTHETICS.**

I will not consume any prescription medication without first obtaining a prescription from my doctor **and** having my doctor sign an Acknowledgement that I am participating in Veterans Court **and** presenting the Acknowledgement to my 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 necessary information (including diagnosis) on the Acknowledgement form, 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. If I do not use this form then I must set up an account with www.myhealth.va.gov and login so that my case manager can print out my prescription information from the website prior to taking the medications I have been prescribed.

I will not consume any non-prescription medication without first notifying and obtaining the consent of my Veterans Court Case Manager. Non-prescription medication includes, but is not limited to, diet pills, ephedra, cough medicine, cold medicine, and substances intended to boost energy, including "stackers." I understand that consuming any non-prescription medication whatsoever without the prior notification to and consent of the Veterans Court Supervisor, will cause me to be sanctioned by the Court.

It is my responsibility to take the provided medical form with me and have the medical personnel complete the form at that time. This must be done on every visit to the Dr., Dentist, Therapist, ER, etc.

I will call my case manager immediately upon leaving the Doctor/Medical facility to inform them of the Dr. visit and the medications given.

I will bring the original completed medical form to my respective case manager within 2 business days. (I.e. if you go to the Dr. on Saturday, you must have med form turned into your case manager by Tuesday of the next week)

I understand I should take medications only as prescribed and that I should not take old medications that are not current (older than 30 days).



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If I am prescribed a temporary narcotic, then it is my responsibility to call my case manager at the end of the day and inform them of how many pills were taken that day and how many that leaves me with. Follow this procedure until the medication is completed.

I understand that if I am taking an ongoing narcotic (i.e. amphetamine for ADHD), then I must turn in a NEW med form EVERY time your medication is re-prescribed.

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

I may not possess or use firearms during my participation in Veterans Court.

I understand that any drug use within four months of my anticipated Veterans Court graduation date may result in an extension of the time required to graduate from Veterans Court or expulsion from the Program. I understand that I will not graduate from Veterans Court unless I have been drug free for a minimum of four months.

I understand that I am responsible for keeping the Veterans Court Office informed at all times of my 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 may not be anywhere near anyone using, possessing, selling, manufacturing, or otherwise handling any illegal substance.

I must not have any contact with any victims of or witnesses to the crime/crimes which I have been charged with.

I must report to my Veterans Court Case Manager any contact with law enforcement, including any arrest, traffic violation, search, or questioning. I must report such contact within one business day of such contact.

I will not travel out of state without prior authorization from my case manager or 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.



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_____ I understand that my court fees will pay for all drug screens I must take at the Shelby County Community Corrections Lab during my participation in the Veterans Court Program.

_____ I understand that I am required to pay Veterans Court fees totaling \$1,200 before I will be allowed to graduate from the Veterans Court Program. I understand that I may not be allowed to travel out of town overnight until a portion of my fees are paid. Additionally, I understand that my fees may be raised to cover the cost of additional drug screens if my participation in the Program is longer than my originally anticipated graduation date.

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

OTHER: _____

Participant

Date

Witness

Date



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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 Supervisor, or the Treatment Provider. Sanctions will be imposed based on the specifics of the individual case. The same violation may not result in the same sanction for two different Veterans Court participants. The following is a partial list of possible sanctions that may be imposed for non-compliance. The Court or Veterans Court Supervisor may impose different or additional sanctions that may be appropriate for the non-compliant conduct:

- Incarceration in the Shelby County Jail for a period to be determined by the Court.
- Detention at the Shelby County Community Corrections Center (Work Release)
- Community service
- Electronic monitoring
- Increase frequency of court appearances
- Increase reporting to Case Supervisor
- Increase frequency of drug screens
- Delay in graduation date
- Increase in costs to graduate from Veterans Court
- Termination from the Veterans Court Program – Imposition of Prison or Jail Sentence

Additionally, I may be referred to and required to complete an outpatient or inpatient substance abuse treatment program or mental health program. Such a requirement is a therapeutic effort to address my substance abuse problem or mental health problem and is not designed to be a sanction or punishment for any Rules or Requirements I may have violated.

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

Participant

Date

Witness

Date



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Urine Abstinence Testing and Incidental Alcohol Exposure Contract

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). In order to preserve the integrity of the Veterans Court testing program, it has become necessary for us to restrict and/or advise Veterans Court participants regarding the use of certain alcohol-containing products.

It is **YOUR** responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol. It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products **BEFORE** you use them. **Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt, do not use, consume, or apply.**

Cough Syrups and Other Liquid Medications: Veterans Court participants are prohibited from using alcohol-containing cough/cold syrups, such as Nyquil®. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent. Veterans Court participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol).

Non-Alcoholic Beer and Wine: Although legally considered non-alcoholic, NA beers (ex: O’Doul’s®, Sharps®) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. Veterans Court participants are not permitted to ingest NA beer or NA wine.

Food and Other Ingestible Products: Numerous other consumable products contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided.

Mouthwash and Breath Strips: Most mouthwashes (Listerine®, Cepacol®) and other breath cleansing products contain ethyl alcohol. The use of mouthwash containing ethyl alcohol can produce a positive test result. Veterans Court participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by Veterans Court participants is not permitted.

Hand Sanitizer: Hand sanitizers (ex: Purell®, Germex®) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary, or repeated use of these products could result in a positive urine test.

Hygiene Products: Aftershaves and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as OFF®) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary, repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the court requires Veterans Court participants to regulate their fluid intake to avoid dilute urine samples, it is likewise incumbent upon each participant to limit their use of topically applied (on the skin) products containing ethyl alcohol.

Solvents and Lacquers: Many solvents, lacquers, and surface preparation products used in the construction industry and at home contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. As with the products noted above, Veterans Court participants must educate themselves as to the ingredients in the products they are using. A positive test result will not be excused by reference to use of an alcohol-based solvent

REMEMBER! WHEN IN DOUBT, DO NOT USE, CONSUME, OR APPLY!

I have read and understand my responsibilities:

Participant’s Signature

Date



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Diluted Urine Sample Advisory

In urine drug/alcohol screening one of the most important things that must be done is to make sure we receive a valid sample. One way this is done is by checking the sample for dilution by measuring the creatinine level (Creatinine. is an amino acid contained in muscle tissue and excreted in the urine at a steady rate.) The urine becomes diluted when a person drinks large amounts of fluids, (water, any water based drink, tea, coffee, Gatorade, etc) or energy drinks such as Red Bull, Monster Fuel, 5 Hour Energy etc. A normal urine sample will have a creatinine level of 20mg/dl or higher, a sample with a value of less than 20mg/dl will be considered dilute. When the urine is dilute, there is a lower concentration of drugs/metabolites and alcohol and testing may not detect them. Because of this, the judicial system considers a dilute sample a positive sample and sanctions may be imposed. Another reason dilute samples are considered positive is because some people will drink large amounts of liquids in an effort to “flush” anything from their system.

Some ways to avoid dilution are; plan the time you are going to leave your sample, about 2-2 ½ hours prior to leaving the sample limit your fluid intake to 8 oz. every 40 minutes. Another way is to leave your sample early in the morning; urine is usually more concentrated early in the day, when you leave your sample look at it. If it is light and you think it may be dilute, you can leave another sample, but you must remain at the lab until you leave the next sample.

Lab staff members are not allowed to tell you whether your sample is dilute. Use your own judgment.

By signing below I acknowledge that I have read this document and understand it.

Signature: _____

Witness: _____

Date: _____



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Drug Testing Form

Case Manager: Robin Bird Phone: 669-3950 ext. 46

Client Name: _____ Social Security: _____

Your Color is: **Khaki**

Listed below are the instructions you will follow for the Shelby County Community Corrections (SCCC) Color Code System. Through cooperating with this program, you can help yourself by proving to the criminal justice system that you are drug free.

1. You will be assigned a color.
2. You shall call the following number **every day including Saturday and Sunday**. **205-669-8902**
3. A recording will give you the color of the day. If your color comes up, you will report to the SCCC Lab **THAT DAY** to leave a urine sample. **REMEMBER, WHEN YOUR COLOR COMES UP, YOU MUST REPORT TO THE LAB THAT DAY.**
4. Urine specimens are collected from 7:00am to 7:00pm every day, including Saturday and Sunday. All urine collections are **observed**. A **missed** test is considered a **failed** test!
5. When you come in for urinalysis, you will **NOT** be required to pay. Testing fees are included in your court fees.

The Color Code System is designed to help you by:

- Making it necessary to give up your habit entirely since the system is random and you will never know when your color is coming up.
- Helping us feel confident in providing a positive report of your progress to the Court.

Signed

Witnessed

Date



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Participant Authorization for Disclosure of Protected Health Information

Participant Name: _____ Case Number: _____

Date of Birth: _____

I hereby authorize Shelby County Veterans Court to disclose or obtain my health information as follows:

Disclose my health information to:

Obtain my health information from:

Specific description of the health information to be disclosed/obtained:

The purpose for which health information is to be disclosed/obtained:

By providing this Authorization, I understand the following:

1. I understand that this Authorization is voluntary. I may refuse to sign this Authorization and my treatment and/or payment obligations will not be affected.
2. I understand that I may revoke this Authorization at any time by notifying Shelby County Veterans Court in writing, but if I do, it will not have any effect on disclosures prior to the receipt of the revocation. It is understood that the duration of this consent will not be longer than would be necessary and reasonable to carry out the purpose for which it is given.
3. I understand that I will receive a copy of the Authorization form after I sign it.
4. I understand that this Authorization will expire on _____ or termination of my case.
Date of Expiration
5. I also give my permission to fax this information if necessary. _____
Participant's Initials

Signature of Participant or Participant's Representative

Date

Printed Name of Participant

Date

Signature of Witness

Date

NOTE TO PARTY RECEIVING INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by federal law, which prohibits you from making any further disclosure of information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general release of medical or other information is not sufficient for this purpose. (This form meets the requirements of Federal Reg. 42CFR, Part 2).



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Medical Form

Name of Participant: _____

Date: _____

To Any Physician, Hospital, or other Medical or Health Care Provider:

I am currently a participant in the Shelby County Veterans Court Program, in which I am receiving treatment for substance abuse or mental health issues. I am required to inform all medical care providers of my participation in the Program and request that, to the extent possible, I not be prescribed narcotic or other addictive medications. Before I may accept a prescription from you for any medication, I must have you, as the treating physician, sign below that I have made you aware of my substance abuse treatment.

This form is also consent for release of information

Participant _____
(Signature)

Current Prescription	Dosage	Quantity	Refills	Diagnosis

Treating Physician: _____
Print Name

Treating Physician: _____
Signature

Telephone #: _____



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Medical Form Procedures

- _____ It is my responsibility to take the provided medical form with me and have the medical personnel complete the form at that time. This must be done on every visit to the Dr., Dentist, Therapist, ER, etc.
- _____ I will call my case manager immediately upon leaving the Doctor/Medical facility to inform them of the Dr. visit and the medications given.
- _____ I will bring the original completed medical form to my respective case manager within 2 business days. (I.e. if you go to the Dr. on Saturday, you must have med form turned into your case manager by Tuesday of the next week)
- _____ I understand I should take medications only as prescribed and that I should not take old medications that are not current.
- _____ If I am prescribed a temporary narcotic, then it is my responsibility to call my case manager at the end of the day and inform them of how many pill were taken that day and how many that leaves me with. Follow this procedure until the medication is completed.
- _____ I understand that if I am taking an ongoing narcotic (i.e. amphetamine for ADHD), then I must turn in a NEW med form EVERY time your medication is re-prescribed.

Participant

Date

Witness

Date



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Prescription Medication Request

I, _____ a Participant in the Shelby County Veterans Court Program, hereby notify the Shelby County Veterans Court Office that I am/have been prescribed the medication listed below and am requesting permission to continue taking such prescription medication during my participation in the Shelby County Veterans Court Program. I understand that a decision on my request will be provided to me, and that I cannot take such medication until I receive such written permission.

Medication	Diagnosis	Doctor	Date Filled
1			
2			
3			
4			
5			
6			

Applicant

Applicant may take Medications numbered _____

Applicant may take Medications numbered _____ but must terminate all use of such medication () at least _____ months prior to Applicant's successful completion of the Program () no later than _____.

Applicant may take Medications numbered _____ and may remain on such medications throughout participation in the Program.

Applicant must comply with all policies and procedures regarding prescription medication and med forms. Failure to comply with such provisions may result in revocation of the authorization to take prescription medication.

Shelby County Veterans Court



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Prescription Safe to Take List

The following prescriptions that have been prescribed to you by a Doctor are safe to take without prior authorization. You must contact your Case Manager the next business day and let them know that you have taken said medicine.

- Amoxicillin (Amoxil)
- Augmentin
- Bactrim
- Cephalexin
- Cipro
- Clindamycin
- Diflucan
- Doxycycline
- Flagyl
- Penicillin
- Steroid Pack
- Zithromax (Z-Pak)

By signing below, I attest that I understand that I am to contact my case manager the next business day.

Print Name: _____

Signature: _____

Date: _____



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Over the Counter (OTC) Safe Medication List

Classification	Ingredient to Avoid	OTC - Safe Medication
Allergy/Decongestant	Brompheniramine, Chlorpheniramine, Dexbrompheniramine, Diphenhydramine, Acrivastine, Phenylephrine, Pseudoephedrine, Triprolidine	Claritin [®] , Alavert [®] (Loratadine), Zyrtec [®] (Cetizine), Clarinex [®] (Desloatadine), Allegra [®] (Fexofenadine), Tavist [®] (Clemastine Fumarate)
Cough/Cold/Sore Throat	Dextromethorphan	(Guaifenesin) Mucinex [®] Tablets, Robitussin [®] Plain, Cepastat [®] , Chloraseptic [®] , Gly-Oxide [®] , Halls [®] , Lozenges, Mycnette [®] , Nice [®] Lozenges, Sucrets [®] Lozenges, Vicks [®] Cough Drops, Vicks [®] Throat Discs, Vicks [®] Vapor Rub
ADHD, Anorexiant, Stimulants, and Weight Control	Benzphetamine HCl, Sibutramine HCl, Diethylpropion HCl, Ephedrine, Ephedra, MaHuang, Methylphenidate, Modafinil, Pemoline, Phendimetrazine Tartrate	Weight Control- Diet Aids [®] (candy), Slim-Mint [®] (gum), Slim Fast [®] , Slender [®] Xenical [®] (Orlistat)
Analgesics (pain relief)		Nonsteroidal Anti-Inflammatory Advil [®] , Aleve [®] , Aspirin [®] , Bufferin [®] , Tylenol [®] , Generics of any of these
Nasal Decongestant Sprays	Oxymetazline Tetrahydrozoline, Xylometazoline, Ephedrine, L-Desoxyephedrine, Naphazoline, Phenylephrine HCl, Propylhexedrine	Ocean [®] , Humist [®] , Ayr Saline [®] , NaSal [®] , Salinex [®]
Mouthwash/Dental Hygiene	Alcohol	Orajel [®] , Periosept [®] , Crest Pro Health [®] Mouthwash
Diarrhea/Gas	Diphenozylate HCl, Alcohol	Kaopectate [®] , Kaopectolin [®] , Lactinex [®] , Imodium A-D [®] , Pepto Bismol [®] , Simethicone, Imodium [®] Multi Symtom
Nausea (Antiemetic/ Antivertgo Agents)	Buclizine HCl, Cyclizine, Diphenhydramine, Dimenhydrinate, Meclizine, Scopolamine Transdermal	Pepto Bismol [®] , Emetrol, Alka Seltzer [®] Gold, Kaopectate [®]
Sedatives/Anti-Anxiety/Sleep	Doxylamine Succinate, Diphenhydramine	Warm milk, Melatonin
Urinary Tract Infection		AZO [®] Standard
Heartburn/Indigestion		Kaopectate [®] , Pepto Bismol [®] , Alka Seltzer [®] Gold, Tums [®] , Pepcid [®] Complete, Pepcid [®] AC
Topical Creams	Diphenhydramine	Ben Gay [®] , Icy Hot [®] , Anti-Itch creams, Anti-Fungal creams, Calamine [®] Lotion



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Pay Plan – Veterans Court

I, _____ agree to pay, \$1,200 to the Shelby County Community Corrections for my Veterans Court costs.

In an effort to pay off my Veterans Court balance, I agree to pay a **minimum of \$75 per month**. My personal monthly payment goal is \$_____ per month/week.

If I fail to make these payments and/or are not up to date with payments, I will be held responsible by the Court and possibly be **incarcerated**.

If I exceed one graduation past my original graduation, then I will be ordered by the court to pay \$100 per month added to my original \$1,200 Veterans Court fees.

Name

Date

Witness

Date



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Out Of Town Request Form

Date: _____

I, (name) _____ request approval for out of town travel

to

(City, state) _____ on _____ through

_____.

Participant

____ Required to test the day before I leave on _____ and the day after my
return on _____.

____ Required to test at an approved facility when my color is called

____ Approved

____ Denied

Case Manager Signature



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Notification of Change of Address, Telephone or Employment

Name of Participant: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____

Cell Number: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____

Supervisor: _____

Other Methods
Of Contact: _____

I understand that I am responsible for keeping the Veterans Court Office informed of a reliable method to contact me at all times. I understand that if the Veterans Court attempts to contact me and I do not respond within 24 hours that a warrant for my arrest may be issued.

Participant

Date



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Dress Code

When reporting for Veterans Court you must dress accordingly. The following are a few simple guidelines to use when deciding if something is appropriate to wear to court. If you have any questions please speak to a member of the Veterans Court team and they will provide you further instruction.

- No caps/hats are to be worn
- No shorts and /or skorts
- No torn blue jeans
- No nose, brow or tongue rings
- Skirts should not be shorter than 5 inches above the knee
- No clothing and/or jewelry that promote drugs/alcohol should be worn.
- Skirts should appropriately fit. This means that the chest, back, and/or stomach are not to be exposed or easily seen by others.
- Pants should not ride so low that undergarments are exposed.
- No gang related and/or violence promoting clothing is to be worn.

All program participants stand at parade rest when standing before the bench during Veterans Court.

Please maintain appropriate hygiene. Be sensitive to the other individuals present in the courtroom. Should these guidelines be violated you may be asked to cover the inappropriate article and/or be dismissed from court. Continued violations will be dealt with on an individual basis, and cause you to be sanctioned.

Thank you for your attention to this matter. Let's work together to make sure this does not become a problem for you.



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Resource Sheet

11 th Area of Alabama Opportunity Action Committee (Multiple Services)	205-755-1204
Chilton County	205-669-3836
Shelby County	
Alcoholics Anonymous of Central Alabama	205-290-0060
Celebrate Recovery	205-668-6077
Christian Service Mission	205-252-9906
Cocaine Anonymous	205-266-2022 205-888-3558
Crisis Line	205-323-7777
Jessie’s Place (Women/Children)	205-323-5878
Jimmy Hale Mission (Men)	205-324-2271
Literacy Council of Central Alabama	205-326-1925 888-448-7323
M-Power Clinic (Medical and Dental)	205-535-5959
Narcotics Anonymous	205-941-2655 800-711-6373
National Domestic Violence Hotline	800-650-6522
Oak Mountain Missions	205-987-6268
Rape Response Crisis Center	205-323-7273
SafeHouse of Shelby County (Domestic Violence) Crisis Line	205-664-HELP (4357)
Salvation Army (Shelby County)	205-663-7105
Salvation Army (Jefferson County)	205-328-5656
Shelby Baptist Association	205-669-0514
Shelby Emergency Assistance (Multiple Services)	205-665-1942
Suicide Prevention Lifeline	800-273-TALK