



Veterans Treatment Court Program

Application Booklet

The Honorable
Judge David Garcia
Presiding



Denton County Veterans Treatment Court Program (Veterans Court)

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Denton County Veterans Treatment Court Program

Dear Counsel:

Thank you for the recent referral of your veteran client to be considered for the Denton County Veterans Treatment Court Program (VTCP). Your client's request or admission into Veterans Court will be reviewed by the District Attorney's Office and members of the Denton County VTCP Treatment Team. This process may take a few weeks to complete.

While this process is occurring, your client is still required to attend all normal court settings and meet all bond or probation obligations. You should inform the prosecutors assigned to the court where your client's case is pending that your client is being considered for Veterans Court and keep them updated on the screening process.

Please have your veteran contact me, the Veterans Court Program Manager, to set up a date and time to go over the initial intake paperwork contained within this booklet and also schedule a screening interview to determine if your client is appropriate to participate in Veterans Court. Your client should turn in the forms contained in this booklet to the Program Manager at the scheduled interview and have all their paperwork including waivers filed out and signed at that time.

Following the interview with the Veterans Court Program Manager, your client will also be required to see a court approved third party doctor and other counselors for independent evaluations. After these evaluations are completed, the Program Manager will inform the D.A.'s Office of its recommendation. The final disposition is usually reached within 4-8 weeks from the interview date. Once the D.A.'s Office has made a final decision is made by concerning your veteran's application, we will notify you immediately.

To help facilitate the screening process, we request that you and your client respond promptly to the paperwork requirements contained within this booklet or any request for additional paperwork. Your client should also make any scheduled interviews/evaluations in a timely manner.

Please follow the instructions contained inside this booklet concerning the enclosed paperwork. These safeguards are designed to ensure that during the initial phase of the screening process information does not reach the State unless you and your veteran client choose to disclose this information by volunteering to enter Veterans Court. At any time please feel free to contact me, with questions or to resolve issues with the application process.

Sincerely yours,

Jeff Gilmore
Veterans Court Program Manager
Denton County Criminal Court #3
940-349-2188

Veterans Treatment Court Program

Application Booklet

This booklet is designed to make the application process efficient, easy to understand, and to protect your veteran client's constitutional rights. Because your veteran is charged with a criminal offense and their admission into the court is not guaranteed, Veterans Court has built in several protections to ensure that the District Attorney's Office does not receive any information during the initial screening process that could be used during a subsequent prosecution. Only after your veteran has decided to accept the terms of Veterans Court and has volunteered to participate in the treatment program, is the information disclosed to the State and the Court for final DA and Court approval.

With the exception of providing the DA's Office a copy of your veteran's DD-214 and any medical documentation confirming the veteran's PTSD diagnosis, none of the remaining forms in this booklet should be turned in to the DA's Office. Your veteran should only turn these forms into the Veterans Court Program Manager at the Denton County Adult Supervision and Corrections Department. Both the Program Manager, a third party psychiatrist, and other court counselors contracted by the Veterans Court will use this information during the initial screening process.

From the information contained in the attached forms, the in person interview with your veteran, and the DA's case file, the Program Manager will prepare a Veterans Treatment Court Screening Report. At this stage of the process, this report will not be made available to the DA's Office; however, the Program Manager will make it available to defense counsel once the report is completed in order for you to advise your client on how to proceed. The Veterans Court Program Manager will simply give the DA's Office a recommendation to either continue the veteran in the process or not to continue the veteran in the process.

In this manner the Veterans Court can segregate the DA's Office from potentially incriminating information during the initial phase of the screening process. This will allow your veteran to have an open and frank discussion with the Program Manager and the counselors to determine the nature of their PTSD or combat related mental illness and how it relates to the crime for which they have been charged.

Once your veteran has been screened by the Program Manager, a third party doctor, and other counselors, the Program Manager will develop a treatment plan developed and present it to your veteran. Your veteran will have three choices: volunteer to proceed into Veterans Court, take their original criminal plea, or request a trial. Only if they decide to proceed into Veterans Court will the Veterans Treatment Court Screening Report and other reports generated in the screening process be released to both the DA's Office and the Court in order for both the DA's Office and the Court to give their final approval for your client to participate in Veterans Court.



Denton County Veterans Treatment Court Program

Criminal Case Cost Analysis

Cost Comparison between Conviction and Veterans Court

Following is a list of the approximate cost differences between standard misdemeanor and felony probations versus participation in Veterans Court program. Please note that this list is not exhaustive and will vary to some degree and for different charges. Ask your attorney to explain the potential ranges for your particular charge.

Standard Costs/Penalties	Misdemeanor Probation	Felony Probation	Veterans Court Treatment
Length of Probation	Up to 24m	2-10 Years	Up to 24m or 2-10 Years
Supervision Fees (\$60/month)	\$60x24m = \$1440	\$60x120m = \$7200	\$60x24m = \$1440
Court Costs	\$415-\$450	\$350-\$600	NONE
Fine	\$500-\$900	\$1000-\$2000	NONE
Crime Stoppers Fee	\$10	\$50	\$10 or \$50
Ignition Interlock Monitoring	\$75x12m = \$900	\$75x60m = \$4500	\$0 or Partial or Full Cost TBD by the Court
Transdermal Alcohol Monitoring	\$370/m TBD	\$370x6m = \$2220	\$0 or Partial or Full Cost TBD by the Court
DWI Repeat Offender	\$250, if required	\$250	NONE
Supportive Outpatient	\$360	\$360	VA/Possibly None
Anger Management	\$50 or \$400	\$50 or \$400	VA/Possibly None
VIPP/BIPP	\$945	\$945	\$945/Possibly None
DL Reinstatement	\$100-\$225	\$100-\$225	\$100-\$225
DL Surcharges	\$3200-\$6000	\$3200-\$6000	\$0 If VTCP Completed
SR-22 Insurance	\$1800-\$2700	\$1800-\$2700	\$0 If VTCP Completed
Community Service Hours	24-80 Hrs	Up to 600 CS	None
Occupational DL (ODL)	\$600	\$600	\$600
Approximate Totals:	\$3,150-\$10,845	\$8,600-\$25, 145	\$2,185-\$3,260

How you get your Veteran into the Denton County Veterans Treatment Court Program

(Version 3--See also the attached Flowchart)

A Veteran is eligible to participate in Veterans Court if they qualify under the following statutory authority and are charged with the types of crimes accepted by the Denton County Criminal District Attorney's Office. The statutory guidelines can be found in the Government Code under Chapter 124 entitled Veterans Court Programs. At a minimum the veterans must meet the following guidelines:

1. Be a veteran or current member of the United States armed forces including the reserves, national, or state guards;
2. that suffers from a brain injury, PTSD or other combat related mental illness, that resulted from the veteran's military service in a combat zone or hazardous duty area and such condition materially affected the veteran's alleged criminal conduct;
3. the veteran must wish to volunteer for the Veterans Court; and
4. The Denton County Criminal District Attorney's Office must consent to the veteran's participation in Veterans Court.

The Denton County Criminal District Attorney's Office will consider most crimes for participation in Veterans Court, but the following are types of cases that are either not considered at all or under only extraordinary circumstances because of their level of violence, the need to rigorously prosecute a specific type of crime, or their victims:

1. No sexual offenses;
2. No drug dealers;
3. Most crimes against children;
4. Most aggravated offenses; and
5. No Intoxication Manslaughters and Most Intoxication Assaults.

Furthermore, the DA's Office reserves the right pursuant to Chapter 124 of the Government code to consider or not consider any individual case for Veterans Court based on the veteran's prior or current criminal history.

Step 1: Identifying the Veteran: Case review by VTCP Program Manager (Jeff Gilmore)

Step 1 actually begins after the criminal justice system identifies the veteran defendant. During Step 1, the Program Manager verifies that veteran is charged with a crime eligible for Veterans Court under the DA's Office guidelines and begins the investigation into the causal connection between the alleged crime and the veteran's combat related mental illness.

The veteran's defense counsel should schedule a meeting with the Program Manager and bring a copy of the veteran's DD-214 and any medical documentation that verifies the veteran's

mental diagnosis. If the veteran has not been medically diagnosed, he is not barred from Veterans Court but he may need to be referred to the VA for a Provisional mental health screening before continuing. During this initial meeting the veteran will receive information about the court, criteria to get in, what will be required of the veteran to successfully complete, and the VTCP Application Book to fill out to complete the Screening Process.

Documents needed: A copy of veteran's DD-214 and Combat Mental Health Records.

Document received: Defense counsel will receive a copy of VTCP Application Booklet including VTCP Screening Report Waiver

Step 2: Begin Screening Process: Program Manager receives VTCP Application Booklet including Signed Waivers and begins the Screening Process

Your veteran will need to set up a follow up interview with the VTCP Program Manager to turn in their application and be interviewed by the Program Manager. During this interview the Program Manager will begin to establish whether or not the veteran meets the criteria under Chapter 124 of the Government Code (Veterans Courts) and the guidelines under the Denton County DA's Office. The Program Manager is also starting the Veterans Court Screening Report that will eventually be used by Veterans Court Treatment Team to determine final eligibility and the veteran's Integrated Treatment Plan (ITP).

Prior to arriving for that interview, the veteran will need to fill out the forms contained in the VTCP Booklet and turn them into the Program Manager in order for the Program Manager to have time to review those documents along with the DA's case file. This documentation includes a waiver allowing the Veterans Screening Report to be released to defense counsel, third-party doctors, and eventually the State and the Court in accordance with the screening process described. **THIS WAIVER MUST BE SIGNED BY BOTH VETERAN AND DEFENSE COUNSEL.** The Program Manager can then interview the veteran.

The Program Manager will begin to prepare the Veterans Court Screening Report after interviewing the veteran. This report will ultimately consist of information provided by the veteran, the DA's criminal file, the 3rd Party Psychiatrist's report, the Drug and Alcohol Evaluation, and the Family Study (See Steps 2, 3, and 4A-C). The Screening Report is not made available to the DA's Office until Step 7 (see below); however, the defense attorney will receive a copy of the Screening Report in Step 6 in order to advise his client.

After the Program Manager's initial screening and interview are completed, the Program Manager will forward the veterans name and cause number to the Veterans Court Prosecutor for the DA's Initial Review if the veteran meets initial criteria. If the veteran does not meet criteria, the Program Manager can remove the veteran from consideration on his own authority. If the

Program Manager forwards the veteran's name to the DA's Office for further consideration, the Program Manager will wait to hear back from the Veterans Court Prosecutor before having the veteran proceed to Step 4A. If the DA's Office rejects the applicant, the veteran returns to the regular criminal docket.

Documents needed: Veteran's DD-214, PTSD or mental illness medical records, and all the forms contained in the VTCP Application Booklet including the signed waiver that allows the release of the Veterans Screening Report in Step 6 and 7.

Documents received: 1. Referral form to 3rd Party Psychological Study
2. Referral form to 3rd Party Counselor for *D/A* and Family Study

Reports prepared: Veterans Court Screening Report (Started)

Step 3: DA.'s Office Initial Review

The Veterans Court Prosecutor will receive the veterans name and cause number from the Program Manager. Prosecutor will pull veteran's criminal file and review case. If case meets initial criteria and meets with initial DA approval, the prosecutor will forward appropriate portions of the veterans file back to the Program Manager to continue the screening process. Veterans who do not meet either the statutory criteria, the DA's Office criteria, or for other reasons are rejected and the case continued on the regular criminal docket.

Reports prepared: DA's Office provides a copy of the veteran's criminal file to VTCP Program Manager or declines admission and informs Program Manager and veteran's Defense Counsel.

Step 4A: VTCP Screening Process: Program Manager receives DA's Criminal File and Continues preparation of Screening Report

The Program Manager receives criminal files from DA's Office of veterans who have initially been accepted by the DA's Office for a further screening. The Program Manager has the veteran contact a 3rd Party Psychiatrist for a Psychological/Social Study.

Step 4B: Psychological/Social Study (PTSD): Program Manager/Case Manager sends Veteran to see Psychiatrist for a 3rd-Party Psychological/Social Study

The veteran will set up an appointment. If you have an indigent client, contact the VTCP Program Manager for possible financial assistance. The Psychiatrist will prepare a report that will diagnosis the veteran's PTSD or other Combat Related Mental Illness and the veteran's overall fitness for Veterans

Court. This report will be returned to the Program Manager who will incorporate relevant portion of the evaluation into both his Screening Report and the Initial ITP.

Reports prepared: Third-Party Psychological/Social Study

(Note: Dr. Overstreet is currently the Veterans Court's only 3rd Party doctor)

Step 4C: Drug and Alcohol Evaluation and Family Study: Program Manager sends Veteran to see a licensed 3rd Party Counselor for a Drug and Alcohol Evaluation and Family Study

The Program Manager will direct the veteran to a licensed 3rd party counselor to schedule a Drug and Alcohol Evaluation and a Family Study. The family study may include the veteran's family members depending on the criminal charge and family structure. These studies are mandatory. The family counselor will prepare a combined report and return it to the Program Manager who will incorporate relevant portion of the evaluation into both the VTCP Screening Report and the Initial ITP.

Reports prepared:

1. Drug and Alcohol Evaluation
2. Family Study

Step 5: Initial Integrated Treatment Plan (ITP) prepared by Program Manager/Case Manager.

The VTCP Program Manager prepares the Initial Integrated Treatment Plan (ITP) based on VTCP Screening Report, DA's criminal case file, Psychiatrist's Report, Drug and Alcohol Evaluation, and Family Study. The Program Manager with assistance from the Case manager and/or in conjunction with the VTCP Supervision Officers and Veterans Justice Outreach (VJO) Officer from the VA will prepare the veteran's Initial ITP. When completed, the Program Manager will forward the VTCP Screening Report, Psychiatrist's Report, Family Study, and Drug and Alcohol Evaluation, and the Initial ITP to the veteran's criminal defense attorney for their review with their client. **NOTE: the Initial ITP has not yet been reviewed by the full Treatment Team including the VC Prosecutor and Presiding Judge. The Final IPT may have additional terms based on these reviews.**

- Reports prepared:
1. Final VTCP Screening Report
 2. Veteran's Initial Integrated Treatment Plan (ITP)

Reports provided to Defense Counsel :

1. VTCP Screening Report
2. Psychiatrist's Psychological/Social Study
3. Drug and Alcohol Evaluation and Family Study, and
4. Veteran's Initial ITP.

Step6: Veteran's Decision

After receiving the above reports, the Defense counsel will have three options to present to their veteran client. The veteran can proceed into the Veterans Court, accept the State's original plea offer, or reject both and set the case for trial.

- Documents received:
1. VTCP Participant Agreement and Performance Contract
 2. VTCP Program Fees Agreement
 3. VTCP Initial ITP

Step 7: Treatment Team Review and Final Decision by the DA's Office

If the veteran accepts the initial ITP and volunteers to participate in the Veterans Court, the Program Manager will forward all reports to include the Psychiatrist's Report, the Drug and Alcohol Evaluation and Family Study, VTCP Screening Report, and Initial ITP to the full Treatment Team for evaluation. The DA's Office also receives these reports and makes the final decision on behalf of the DA's Office whether or not to agree to admit the veteran into Veterans Court. Even at this stage the DA's Office has the right to deny a veteran entrance into Veterans Court.

If the DA's Office accepts the application, the Treatment Team makes any final adjustments to the veteran's ITP and the Program Manager forwards the Finalized ITP to the veteran's defense attorney for him to review with his client.

Documents disclosed: The DA's Office, Presiding Judge, and full Treatment Team receive all reports prepared to date.

Documents prepared: The Finalized Integrated Treatment Plan (ITP) which is turned over to the veteran and veteran's defense attorney prior to veteran's plea.

Step 8: Plea: Veteran Pleads Guilty and Court Orders Veteran into Veterans Court

Once accepted, the veteran will appear in court on their date, sign the required regular plea paperwork, all VTCP paperwork including Finalized ITP, and plead guilty to their

offense(s). The Presiding Judge of Veterans Court or a district court judge if it is a felony case will accept their plea, make no finding of guilt, and order the veteran to participate in Veterans Court. The veteran will begin Phase One of treatment immediately.

- Documents signed:
1. VTCP Participant Agreement and Performance Contract.
 2. VTCP Program Fees Agreement
 3. VTCP Finalized Integrated Treatment Plan (ITP)
 4. Appropriate plea paperwork for the crime charged

Final Notes

Time is of the essence once a veteran chooses to pursue entrance into Veterans Court

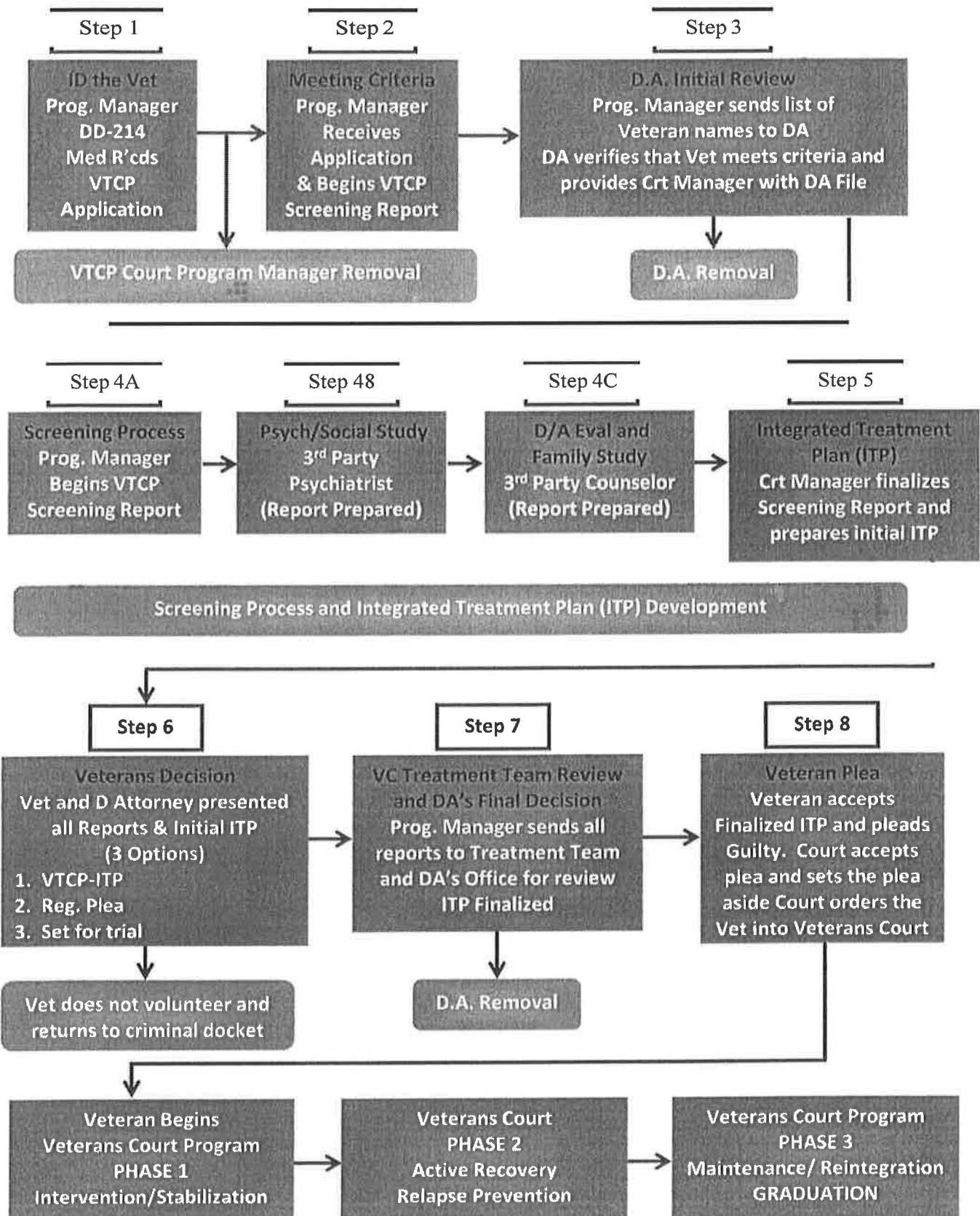
Excessive delays without a valid excuse or reason can lead to denial of entry into Veterans Court either by the Program Manager or the Veterans Court Prosecutor

Be Timely, Be Thorough with Paperwork, and Make Your Scheduled Appointments

And Remember .

"It takes the strength and courage of a warrior to ask for help"

Denton County Veterans Treatment Court: Version 3



Phases of the Denton County Veterans Treatment Court Program (VTCP)

The Denton County Veterans Treatment Court (VTCP) will last approximately 9-24 months or longer, depending on the treatment needed and the Veteran's progress. The program is divided into three phases. A veteran participant must successfully complete each phase to the satisfaction of the Treatment Team before moving into the next phase. Approximate durations are listed for the length of each phase, but the veteran's progression through the program will depend upon their performance and success of their treatment.

The ultimate goal of Veterans Court is to rehabilitate the veteran participant and give them the foundation they need to maintain their recovery and reintegrate into their families and communities.

The Three Phases of VTCP

PHASE 1: Intervention and Stabilization

PHASE 2: Active Recovery and Relapse Prevention

PHASE 3: Maintenance and Reintegration

PHASE 1

INTERVENTION AND STABILIZATION

The purpose of Phase 1 is to provide the initial mental health and chemical dependency intervention into the veteran's life. Each veteran's needs are different, and the veteran's Integrated Treatment Plan (ITP) will reflect these individual needs.

The primary focus of Phase 1 will be to encourage and enforce compliance with the veteran's mental health treatments to include the veteran's initial mental health screening, individual and group counseling, and peer to peer participation.

The overall goal of Phase 1 is that the veteran will demonstrate both a desire and an ability to participate in treatment, counseling, maintain medication compliance, and drug and alcohol abstinence. It is anticipated this phase will last 60-120 days but may last longer based on individual needs and at the Court's discretion.

The following Goals and Requirements must be met in Phase 1 before advancing to Phase 2.

MENTAL HEALTH TREATMENT

- Enroll or Reengage in the VA Mental Healthcare system if eligible
- Schedule and Engage in PTSD Counseling and/or Mental Health Counseling
- Attend all medical and mental health appointments and counseling sessions
- Become stabilized on medication, take as prescribed, and be proactive with doctors
- Veteran regularly attends Peer to Peer Mentoring
- Contact chosen Mentor at least once a week

SOBRIETY AND COMMUNITY MONITORING

- Veteran supervised with Transdermal/Ignition Interlock alcohol monitoring
- Random Drug Testing up to 2-3 times a week
- At least 60 consecutive days clean from alcohol and abused drugs
- No new arrests or probation violations

LIFE SKILLS

- Coordinate special needs (Housing; Finances; Budgeting; Medical; Clothing etc.)
- Veteran will work towards gaining employment and/or attending school
- Veteran will establish goals for both the VTCP and life goals
- Begin or schedule required classes related to the Veteran's offense
- Continue identifying strengths and barriers to treatment

GENERAL REQUIREMENTS

- Follow all VTCP Requirements
- Attend VTCP court settings twice a month
- Makes all appointments with VTCP Supervision Officer
- Contact Denton County Veterans Service Office (VSO) and discuss veteran's benefits
- Attend all meetings and appointments required under the treatment plan

PHASE 2

ACTIVE RECOVERY & RELAPSE PREVENTION

The purpose of Phase 2 is to continue the recovery process begun with the veteran in Phase 1 and to continue to provide the monitoring necessary to prevent the veteran from experiencing a relapse and to protect the community.

The primary focus of Phase 2 will be to continue the veteran's mental health treatment and counseling while maintaining the veteran's sobriety. This will be accomplished by the veteran continuing his individual and group counseling, peer to peer participation, and sobriety monitoring. The veteran will be required to complete the remaining classes ordered as a result of his criminal charge. The veteran should also stabilize his family, living, work, and financial situation during this phase.

The overall goal being that in Phase 2 the veteran will demonstrate an increased ability to remain in treatment, remain sober, and maintain stability within the family and community. It is anticipated this phase will be the longest phase and will last 90-120 days but may last longer based on individual needs and at the Court's discretion.

The following Goals and Requirements must be met in Phase 2 before advancing to Phase 3.

MENTAL HEALTH TREATMENT

- Veteran shows progression in PTSD Counseling and/or Mental Health Counseling
- Attend all medical and mental health appointments and counseling sessions
- Continue to take all medication as prescribed and be proactive with your doctors
- Continue to attend Peer to Peer Mentoring
- Contact chosen Mentor at least once a week
- Attend all required support groups

SOBRIETY AND COMMUNITY MONITORING

- Continue alcohol monitoring with transdermal monitoring and/or ignition interlock
- Random drug testing as ordered by the Court
- At least 90 consecutive days clean from alcohol and illegal drugs
- No new arrests or probation violations

LIFE SKILLS

- Safe and stable housing
- Veteran will continue working and/or attending school
- Veteran will maintain or continue to improve personal/family finances
- Veteran will review and work towards goals for both the VTCP and life goals

GENERAL REQUIREMENTS

- Follow all VTCP requirements
- Attend VTCP settings twice a month or as directed by Judge
- Makes all appointments with VTCP Supervision Officer
- Complete all remaining classes required as a result of the veterans offense

PHASE 3

MAINTENANCE AND REINTEGRATION

The purpose of Phase 3 is to maintain the treatment gains the veteran has made during Phase I and 2 and begin to prepare the veteran to reintegrate into society without the assistance of the VTCP.

The primary focus of Phase 3 is to ensure the stability of the veteran in order to prepare the veteran for his reintegration into the community. The veteran must continue to demonstrate their ability to be responsible for their own treatment and vocational activities.

The overall goal being that in Phase 3 the veteran will demonstrate a continued ability to remain in treatment, remain sober, and maintain stability within the family and community. Phase 3 will also afford the veteran to fulfill any remaining requirements of the Veterans Court. It is anticipated this phase will last approximately 90-120 days but may last longer based on individual needs and at the Court's discretion.

The following Goals and Requirements must be met in Phase 3 before Graduation.

MENTAL HEALTH TREATMENT

- Demonstrates continued progress in PTSD and/or Mental Health Counseling
- Attend all medical and mental health appointments and counseling sessions
- Maintain medication compliance
- Continue to attend Peer to Peer Mentoring
- Contact chosen Mentor at least once a week
- Attend all required support groups
- Utilizing aftercare plan that was completed by veteran & reviewed by clinician

SOBRIETY AND COMMUNITY MONITORING

- Continue alcohol monitoring if ordered by the Court
- Random drug testing as ordered by the Court (2-4 times a month)
- At least 90 consecutive days clean from alcohol and illegal drugs
- No new arrests or probation violations

LIFE SKILLS

- Safe and stable housing maintained
- Veteran will continue working and/or attending school
- Veteran has established a stable source of income and on-going medical care
- Veteran will review and work towards goals for both the VTCP and life goals

GENERAL REQUIREMENTS

- Follow all VTCP requirements
- Attend VTCP settings at least once a month
- Makes all appointments with VTCP Supervision Officer
- Continue to comply with the requirements of their treatment plan

Court Appearances

Veterans Court dockets are scheduled for the 2nd and 4th Wednesdays of every month. Veterans are required to report for court sessions as directed. This could include weekly court dockets depending in the veteran's individualized treatment plan. Any veteran reporting late for court or who fails to report to court will be subject to the sanctions of the court. Comradery is critical to the veteran's success. Additionally, the Veterans Court Peer-to-Peer Group meetings on Veterans Court docket days at the courthouse.

Reporting and Medical and Mental Health Appointments

Reporting to the VTCP Supervision Officer and making all medical appointments are two of the most important aspects of Veterans Court. The veterans should make every attempt to make their appointments or if they cannot make their appointments notify both their health care provider and their supervision officer so they can be rescheduled and another veteran can take their time slot. If the veteran fails to make an appointment, possible sanctions including jail time could be ordered by the Court.

Alcohol and Drug Testing

Any veteran participant may be tested at any time for alcohol or drugs. Sobriety monitoring is critical for both the sobriety of the veteran and the safety of the community. Any veteran suffering from chemical dependency issues will be monitored regardless of the charge that brought them to Veterans Court.

Incentives

Incentives are given to veteran participants who are deserving of special recognition for achievements and/or progress while in the VTCP. Any member of the VTCP team will make recommendations for incentives.

Examples of Incentives:

- Judicial recognition
- Reduced court appearances
- Reduced reporting to VC Program Manager, supervision Officer, or Treatment Provider

- Praise/Applause
- Excused from Court early
- Framed graduation certificates

Sanctions

Sanctions can either be therapeutic, punitive, or both. The VTCP employs judicial sanctions, sanctions related to supervision, and therapeutic sanctions.

Examples of Judicial Sanctions:

- Increased contact with the Judge
- Court admonishment in front of other participating veterans
- Jail Time

Examples of Supervision Sanctions:

- Zero tolerance
- Reprimand
- Community service hours
- Increased contact with Supervision Officer and/or Court
- Move back in Phase

Examples of Therapeutic Sanctions:

- Essay assignment
- Address Judge/Peers in court
- Increased 12 step meetings
- Extension of time in phase
- Increased individual counseling

Graduation

Participants are eligible for graduation after 240 days in the VTCP Program although the treatment program could last for two years or more under certain circumstances. Stable residence, employment or education, med-compliance and participation in individual and group counseling are required. After the veteran has successfully completed all three phases of the

program, the veteran will be graduated. At graduation the Veterans Court Presiding Judge will dismiss the veteran's underlying criminal case by motion from the State.

Court Ordered Program Fees and Supervision Fees

Participants are responsible for supervision fees at the date of admittance into Veterans Court unless otherwise notified by the Court.

Weekly Progress Reports

Treatment Provider progress reports are due every Friday unless otherwise specified by the VTCP Program Manager.

Authorizations for Treatment

In some cases, additional treatment will be ordered for participants. Authorizations for treatment will be requested by the VTCP Program Manager or Supervision Officer.

Important Contact Information

Veterans Court Prosecutor

Forrest C. Beadle
A.D.A. Denton County DA's Office
1450 E. McKinney street, #3100
Denton, TX 76209-4524
940-349-2600
940-349-2601FAX
forrest.beadle@dentoncounty.com

Veterans Court Program Manager

Jeff Gilmore
Veterans Court Program Manager
650 S. Mayhill Road
Denton, TX 76208
940-349-2188
972-434-5986 Fax
Ed.morales@dentoncounty.com

Denton County Adult Community Supervision and Corrections Department

Veterans Court Supervision Officer

Frances Thomas (Supervisor)
Veterans Court Supervision Officer
Denton County CSCD
401 N. Valley Pkwy., Suite 100
Lewisville, TX 75067
940-349-4810
frances.thomas@dentoncounty.com

Veterans Court Supervision Officer

Monique Ruiz
Veterans Court Supervision Officer
Denton County CSCD
650 S. Mayhill Road
Denton, TX 76208
940-349-3306
monique.ruiz@dentoncounty.com



Map to Adult Community Supervision

Center for Therapeutic Change

Dr. Overstreet
Arlington Office
605 E. Border
Arlington, TX 76010 or
Fort Worth office
6440 Brentwood Stair Road
Fort Worth, Texas 76112

Department of Veterans Affairs

Kathy Finch, Veterans Justice Outreach
4500 S. Lancaster Road
Dallas Texas 75216
(214) 857-2260
kathy.l.finch@va.gov

Denton County Veterans Office

Paul Bastaich
Veteran county service officer (VSO)
Denton County Veterans office
1505 E. McKinney St., Suite 183
Denton, TX 76209
940-349-2950
940-349-2951 Fax
Paul.bastaich@dentoncounty.com

817-446-9770

Reves and Associates Counseling

Tiffany Reves
1204 Bent Oaks, Ste. 200
Denton, Texas 76208
(940) 365-9055

DENTON COUNTY VETERANS TREATMENT COURT PROGRAM INITIAL SCREENING INFORMATION PACKET

- Copy of DD214 Form Provided: Yes No
- Copy of Signed VA Release: Yes No
- Copy of Signed Waiver to Release Screening report: Yes No

INSTRUCTIONS FOR FILLING OUT THIS FORM:

PLEASE WRITE DETAILED ANSWERS TO THESE QUESTIONS. IF A QUESTION DOES NOT APPLY TO YOU, WRITE "N/A" (not applicable) INSTEAD OF LEAVING IT BLANK.

Full Name: _____ Date: _____

Name you were arrested under (if different): _____

Other Names Used: _____

With whom do you live: _____

Your Street Address: _____
City _____ State _____ ZIP _____

Permanent Address: _____

Are you a U.S. Citizen: _____ If not, do you have legal documents: _____

What type of legal documents do you have: _____

How long have you lived in the United States: _____

How long have you lived at your current address? _____

If less than a year, how many times have you moved in the past year? _____

Why did you move? _____

Home Phone: _____ Cell Phone: _____

Your Age: _____ Your Date of Birth: _____ Your Email: _____

Marital Status: _____ Number of Dependents: _____

City/State of Birth: _____ Citizenship: _____

Ethnicity/Race: _____ SS#: _____

Drivers License # and Expiration Date: _____ State: _____

Weight: _____ Hair Color: _____ Eye Color: _____

**** RETURN TO VETERANS COURT PROGRAM MANAGER ONLY ****
Denton County Community Supervision & Corrections Department (pg. 1)

Do you OWN or DRIVE or Have access to a vehicle: Yes No

If you do not have access to a vehicle, how do you plan to report and make appointments: _____

Vehicle Make: _____ Model: _____ Year: _____ Type: _____
Color: _____ Vehicle License Plate #: _____ State: _____

Present Offense

Offense: _____

Explain in your own words what happened:

What was your specific involvement in the offense(s)? (What was going on that day? What led to your decision to commit the offense(s)? Who was with you?)

Attorney: _____ Plea Guilty Not Guilty No Contest

Weapon Involved? Yes No

If yes, what kind of weapon and was it used during the offense?

Other Pending Charges? _____

LIST ALL PRIOR ARRESTS JUVENILE AND ADULT

DATE	OFFENSE	CITY/STATE	AGE	RESULT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were you drinking and/or using drugs when involved with any of your prior offenses? (circle one)
NONE SOME MOST ALL

**** RETURN TO VETERANS COURT PROGRAM MANAGER ONLY ****
Denton County Community Supervision & Corrections Department (pg. 2)

Have you ever been sentenced to jail? _____ # _____ Where _____
 Have you ever been sentenced to prison? _____ # _____ Where _____
 Have you ever been on Juv Probation? _____ # _____ Where _____
 Have you ever been on Adult Probation? _____ # _____ Where _____
 Have you ever been on Parole? _____ # _____ Where _____
 Have you ever had a Probation or Parole revoked? _____ Where _____
 Have you ever been a member of a gang? _____
 Name of Gang: _____ Where: _____

COMPANIONS

Have any of your friends been on probation or experienced legal problems? Yes ___ No ___
 If yes, what did they do? Were they (or are they currently) in jail or prison, or on probation or parole?

What do you do during your free time away from work or school?

MARITAL STATUS

___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Co-Habiting
 How long have you been married: _____ How long have you been divorced: _____
 Current Spouse Name: _____ Phone: _____
 Address: _____
 Employer: _____ Work Phone: _____

How well do you get along with your significant other and/or roommate? How satisfied are you with your relationship?

LIST ALL CHILDREN AND STEP CHILDREN			
Name	Live with you? (circle one)	Gender (circle one)	Address
_____	Y/N	M/F	_____
_____	Y/N	M/F	_____
_____	Y/N	M/F	_____
_____	Y/N	M/F	_____
_____	Y/N	M/F	_____

FAMILY HISTORY

Father: _____
Street Address: _____
City/State/Zip: _____
Occupation: _____ Employer: _____
Mother: _____
Street Address: _____
City/State/Zip: _____
Occupation: _____ Employer: _____
Are your parents divorced? _____ Your age at time of divorce: _____

LIST BROTHERS & SISTERS

Name	Age	Address/City	Phone	Employer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

USE BACK OF FORM IF NECESSARY

When growing up, how did you get along with your parents?

When growing up, how did you get along with your brothers and/or sisters?

Has anyone in your family been on probation or experienced legal problems?

If yes, please provide their names, offense(s) and if they have been or are still on probation or parole?

YOUR EDUCATION

School Attended	City/State	Grade completed	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently enrolled in school/college? Yes ___ No ___ If yes, what school/college and what is your major?

How many number of college hours have you completed and major (if decided): _____

Did you have any problems doing school work? Yes ___ No ___ Were you enrolled in any Special Education, Resource or Content Mastery classes?

What type of trouble did you get into in school (if any)?

If you did get into trouble in school, what was the outcome?

Your primary language? _____ Do you speak any foreign languages? _____

Have you ever repeated a grade? _____ Which grades/why? _____

What plans do you have concerning your education/future?

MILITARY SERVICE

Have you ever served in the military? _____ Date entered: _____ Date Discharged: _____

Branch: ___N/A ___AIR FORCE ___ARMY ___COAST GUARD ___MARINES ___NAVY

Current Service Status: ___Active Duty ___Reserve/Nat. Guard ___Inactive Reserve ___Discharged

Type of discharge:

___Honorable ___General ___General Less than Honorable ___Dishonorable
___Dismissed (Officers Only) ___Honorable Retired ___Retired Service-Connected Disability

DD214 form (Dept. of Defense Military discharge) attached: ___Yes ___No

Military 201 Records form attached ___Yes ___No

Eligible for or receiving Veteran's Administration Benefits? ___Yes ___No

Do you hold a combat service ribbon? ___Yes ___No

Combat zone: ___N/A ___WWII (1941-1945) ___KOREA (1950-1953) ___VIETNAM (1960-1975)
___GRENADA (1983) ___PANAMA (1989-1990) ___GULF WAR (1990-1991)
___KOSOVO (1998-1999) ___AFGHANISTAN (2001-PRESENT) ___IRAQ (2003-PRESENT)

Service in support of combat mission ribbon? ___Yes ___No

COMBAT WOUNDS/PTSD/COMBAT MENTAL ILLNESS

Mental health diagnosis of post-traumatic stress disorder (PTSD)? ___Yes ___No

Other mental health conditions (service-connected): _____

Combat-related traumatic brain injury: _____

Other combat injury: _____

**** RETURN TO VETERANS COURT PROGRAM MANAGER ONLY **
Denton County Community Supervision & Corrections Department (pg. 5)**

Other service-connected injury/disability: _____

If suffering from PTSD, Combat Related MI, or TBI, explain how the condition affects you and how often:

If suffering from PTSD, Combat Related MI, or TBI, please describe the events that led to your condition:

Please explain in detail how PTSD, Combat Related MI, or TBI affected you during the alleged criminal offenses charged against you:

EMPLOYMENT

Occupation: _____ Current Employer: _____
Address: _____
Phone: _____ Salary: _____ Supervisor: _____
Start Date: _____ Work Hours: _____ Full/Part Time: _____
Vacation or paid leave available: _____
Is your employer aware of your offense? _____
Is it okay to contact you at work: Yes No
Do you receive any other income: _____ What kind: _____
How much do you receive: _____ How often: _____

WORK HISTORY

Employer	City/State	Date (from-to)	Duties	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the longest period you have worked at the same job? _____
 What are your job skills? _____
 In the past year, how many months have you worked? _____
 If unemployed, length of time? _____
 Do you have medical insurance? _____ What provider? _____
 Medicare: Yes No
 Medicaid: Yes No

FINANCES

What is your annual income from all sources? _____
 Have you ever had problems supporting yourself? _____
 Have you ever been in trouble because of money problems (bad checks, fraud, stealing, etc.)? _____
 What are your total monthly expenses? _____
 Do you pay child support? _____ How much? _____ Is it court ordered? _____
 During times of unemployment, how do you support yourself? _____
 Do you receive any federal assistance (Housing, SSI, Food Stamps)? If yes, specify how much per month and which type: _____
 If you receive SSI/SSDI are you the payee: _____ If not who is: _____

SHORT PERSONAL HISTORY

Have you ever been abused (physically, sexually and/or verbally)? _____
 Has anyone in your family abused another family member? _____
 What do you consider your health to be? _____
 Have you ever thought of hurting yourself? _____ If yes, what did you think about doing? _____

Did you actually hurt yourself? _____
 Have you ever attempted suicide? If yes specify the date of the last attempt and the method used. _____

What kinds of things make you feel depressed? _____

What do you do when you are depressed? _____

Have you ever been or are you now under the direct supervision of:

- Psychiatrist(s)? _____
- Psychologist(s)? _____
- Social Worker (MSW or A.C.S.W.)? _____
- Other Professional Counseling? _____

If yes, when: _____ Name of Doctor/Counselor: _____
 Address: _____ Phone: _____
 Treatment for: _____
 Have you had prior treatment for substance/alcohol abuse or a mental illness? _____

**** RETURN TO VETERANS COURT PROGRAM MANAGER ONLY ****
Denton County Community Supervision & Corrections Department (pg. 7)

<u>Date of Admission</u>	<u>Name of Hospital</u>	<u>City</u>	<u>State</u>	<u>Reason for Admission</u>

Current medical diagnosis: _____
 Current psychiatric disorder: _____
 Do you have any physical handicaps, disabilities, or illnesses? _____

Explain: _____

Are you Currently under the care of a Medical Doctor? Yes _____ No _____
 If yes, for what? _____

PRESENT PRESCRIPTION DRUG HISTORY

Type	Date Started	How Often	Prescribed By

ALCOHOL USE

At what age did you first drink alcohol? _____
 How often did you drink? _____ How much? _____
 What kind? _____ When was the last time? _____
 Have you ever blacked out? _____ Have you ever missed work due to alcohol? _____

Attorney Information

Name: _____
 Phone: _____ Fax: _____

HAVE YOU EVER USED ANY OF THE FOLLOWING DRUGS
(INDICATE D-DAILY, W-WEEKLY, M-MONTHLY, O-OCCASIONALLY)

DRUG	AGE FIRST USED	HOW OFTEN	DATE FROM-TO	LAST USED
AMPH/ADDERALL				
COCAINE				
CRACK				
HEROIN				
MARIJUANA				
METH/ICE				
LSD				
PCP				
BARBITURATES				
ROHYPNOL				
HASHISH				
MORPHINE				
CODEINE				
ECSTASY				
GHB				
INHALANTS				
MUSHROOMS				
SPECIAL K				
XANAX				

Have you ever used drugs intravenously (with a needle)? If yes, which drugs and how often did you use?

How did you take the drug(s): _____
 What amount did you usually use: _____ \$: _____

Indicate the type and number of incidents of drug counseling or treatment received:

_____ DWI Education	_____ AA/NA, etc.
_____ Individual Counseling	_____ Drug education classes
_____ Out-Patient Counseling	_____ Residential Treatment

Were you drinking and/or using drugs when you committed the offense? (circle one)
 ALCOHOL DRUGS BOTH NEITHER

Did you commit the offense in order to obtain funds for the purchase of drugs or alcohol?
 _____ Yes _____ No

What problems have alcohol and/or drugs caused you (other than those taken legally)?

REFERENCES

Name: _____ Phone: _____
Street Address: _____
City/State/Zip: _____ Relationship (family or friend) _____

Name: _____ Phone: _____
Street Address: _____
City/State/Zip: _____ Relationship (family or friend) _____

Name: _____ Phone: _____
Street Address: _____
City/State/Zip: _____ Relationship (family or friend) _____

How do you think probation can help you? _____

I HEREBY ACKNOWLEDGE AND CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS ABOVE AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Veteran's Signature

Date

**Denton County Veterans Treatment Court Program
Psychosocial Assessment**

Date: _____ Time: _____

A. Contact Information and Demographics

Name: _____ Race: _____
Social Security #: _____ Age: _____
Date of Birth: _____ Current marital status: _____
Current Address: _____
City, St, Zip: _____
County of Residence: _____
Current Telephone Numbers:
Home: (____) _____
Cell: (____) _____
Work: (____) _____

Someone Who Will Always Know How to Find You:

Do we have your permission to contact this person if we cannot find you? Yes, No

Name: _____ Relationship to You: _____ Phone: (____) _____

Current Offense: _____ Date of Offense: _____ Date of Arrest: _____

Current Offense: _____ Date of Offense: _____ Date of Arrest: _____

Have you ever been arrested before? Yes No If yes list year, offense, and disposition:

Offense: _____ Year: _____ Disposition: _____

Offense: _____ Year: _____ Disposition: _____

Offense: _____ Year: _____ Disposition: _____

B. Treatment History

Hospitalizations:

Name of Hospital: _____ Date in: _____ Date out: _____

Reason for admission: _____

Name of Hospital: _____ Date in: _____ Date out: _____

Reason for admission: _____

Name of Hospital: _____ Date in: _____ Date out: _____

Reason for admission: _____

**** RETURN TO VETERANS COURT PROGRAM MANAGER ONLY **
Denton County Community Supervision & Corrections Department**

Current Psychiatrist: _____ How Long: _____

Past Psychiatrist: _____ Last appointment: _____

Please list all medications you are currently taking, including over-the-counter supplements:

Please list all medical problems:

Special problems/needs (check in with PO, special diet, use electric scooter, etc.): _____

Are you currently: _____ on probation _____ awaiting a court appearance
_____ on parole _____ awaiting sentencing
_____ on bond _____ facing charges

Comments: _____

C. Referral Information

How were you referred to us?

Clinic and Provider: _____

How long were you working with him/her? _____

Did you see this provider individually or in groups? ___Ind, ___Group

D. Family Circumstances

Do you have any children? ___Yes, ___No

If yes, please list:

Status of Family of Origin:

Father: ___Living ___Deceased

Mother: ___Living ___Deceased

Brother(s): ___Living ___Deceased

Sister(s): ___Living ___Deceased

Comments: _____

Family Relationships:

Father: ___close ___detached ___conflictual

Mother: ___close ___detached ___conflictual

Sibling(s): ___close ___detached ___conflictual

Children: ___close ___detached ___conflictual

Ex (es): ___close ___detached ___conflictual

Comments: _____

Has anyone in your family (besides you) struggled with:

Mental Illness Violence Substance Abuse/Addiction

Comments: _____

E. Environment and Home

Current Living Arrangements:

- | | |
|--|--|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Live Alone |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Live with Spouse/Partner |
| <input type="checkbox"/> Own a Home | <input type="checkbox"/> Live with Relatives/Friends |
| <input type="checkbox"/> Renting a House | <input type="checkbox"/> Live with Parents |

Rent: _____ Utilities: _____

Comments: _____

Are there any problems at home?

- | | | |
|---|--|--|
| <input type="checkbox"/> Verbal Abuse | <input type="checkbox"/> Finances | <input type="checkbox"/> Sleep in separate rooms |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Children | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Communication | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Bad Neighborhood | | |

Other: _____

Has alcohol or have drugs ever been a problem for you? _____

When was the last time you drank or used drugs? _____

What all do you do to maintain your sobriety? _____

F. Leisure & Recreation

What were some of your hobbies before entering the service? (How did you spend your time?)

What are some of your hobbies or leisure interests? (How do you spend your time?)

G. Religion & Spiritual Orientation

Do you consider yourself a religious or spiritual person? _____

How important is your faith (or religion or spirituality) to you? _____

What is your religion? _____

Are you active in a religious group or community (such as a church)? _____

Has your religion/spirituality been challenged during adulthood? _____

How would you like these issues addressed in your treatment? _____

H. Childhood History

Who raised you? _____

When you were growing up, did anyone in your family get:

- | | | |
|--------------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> Screamed at | <input type="checkbox"/> Slapped | <input type="checkbox"/> Beat |
|--------------------------------------|----------------------------------|-------------------------------|

Ignored Punched Sexually Assaulted
 Pushed Kicked Abandoned

Comments: _____

How far did you go in school? _____

Did you have any problems in school? _____

Do you have any difficulty reading or writing? _____

I. Military Service History

Did you enlist in the military or were you drafted? _____

What years were you in the service? _____

Did you serve in a combat zone? Yes, No

When? _____ Where? _____

What was your combat branch/unit? _____

What was your job? _____

If you were injured in combat, please describe: _____

Briefly describe the traumas that happened in the military, and that you believe are still affecting you today. Continue on another next page, if needed.

Tell us about any traumatic experiences before or since the military:

J. Vocational Issues

Usual Occupation: _____

Currently Employed? Yes No

Last Worked When? _____ Where? _____

Number of Jobs Since Military? _____

What kinds of problems have you had on the job? _____

K. Social/Peer-Group/Environmental Setting

Where and with whom do you spend most of your time? _____

Do you belong to any social groups (such as church groups, civic groups, veterans groups, etc.)? _____

L. Sexual History

Are you comfortable with your current sexual lifestyle? _____

Is there anything about your sexual history or functioning that you would like to discuss with the doctor?

___ Yes ___ No Has anyone ever used force or the threat of force to have sexual relations with you against
your will?

___ Yes ___ No Have you ever used force or the threat of force to have sexual relations with someone
against their will?

Comments: _____

M. Patient Strengths:

How do you hope your life will be different after treatment? _____

What will be some of your greatest barriers in achieving these goals? _____

What are some of your strengths?

- ___ Supportive Spouse or Other Relationship
- ___ Strong Family Support System
- ___ Support from Spiritual Beliefs
- ___ Has a Place to Live
- ___ Has Transportation
- ___ Other? _____

- ___ Prior Positive Response to Treatment
- ___ Stable Sobriety
- ___ Physically Healthy
- ___ Motivated to Go Back to Work
- ___ Employed or Has Employable Work Skills

N. Mental Status:

Do you have any problems with memory that will interfere with treatment? _____

Do you see or hear things that no one else does? _____

What emotional problem have you ever been diagnosed?

Were you ever hospitalized? _____

Have you ever tried to commit suicide? _____ When? _____

What was your method? _____

What was going on in your life then? _____

Do you currently have thoughts of hurting yourself or others? _____

O. Discharge Planning:

Will you have a place to live when you finish this program? ___ Yes, ___ No

Where will you be living? _____

Will you have a means of transportation? ___ Yes, ___ No

How do you support yourself?

___ Salary from working (self or spouse)

___ VA SC compensation

___ VA NSC pension

___ Retirement

___ Supplemental Social Security

___ Social Security Disability

___ Unemployment

___ I have a claim pending

Other: _____

What will be your follow-up treatment source? _____

Do you have any existing appointments (*medical, mental health*)? _____

P. Life Concerns/Needs: Self-Assessment

Please indicate which problems below have affected you, and **describe** the impact each has had on your life:

Nightmares - _____

Vivid, Unwanted Memories - _____

Difficulty Showing Emotions - _____

Relationship Problems - _____

Inadequate Social Support (friends, family, etc.) - _____

Poor Communication Skills - _____

Self-Esteem - _____

Difficulty Trusting - _____

Tension/Difficulty Relaxing - _____

Sleep Problems - _____

Authority Problems - _____

Anger/Irritability - _____

Violence - _____

Thrill-seeking - _____

- Unresolved Grief - _____
- Spiritual Conflict - _____
- Unsure of Beliefs/Values - _____
- Substance Abuse - _____
- Employment Problems - _____
- (Other?) - _____

Out of all of the above, please circle the five that are most important to you.



Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)	PATIENT NAME (Last, First, Middle Initial)
NORTH TEXAS VA HEALTH CARE SYSTEM 4500 S. LANCASTER DALLAS TX 75216	
	SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Judge David Garcia (County Criminal Court #3, 1450 E. McKinney, Suite 4414, Denton, TX 76209-4524), Court Team and Attorneys; Guests of the Veterans Court

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

- DRUG ABUSE ALCOHOLISM OR ALCOHOL ABUSE TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

COPY OF HOSPITAL SUMMARY COPY OF OUTPATIENT TREATMENT NOTE(S) OTHER (Specify)

ALL MEDICAL RECORDS AND HEALTH INFORMATION, PAST AND FUTURE, RELATED TO COURT DIRECTED TREATMENT.

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

TO PROVIDE THE VETERANS COURT WITH A CURRENT STATUS OF THE VETERANS TREATMENT WHICH WILL REQUIRE RECORDS CREATED AFTER THE SIGNATURE OF THIS AUTHORIZATION AND TO PROVIDE TRAINING THE GUESTS OF THE VETERANS COURT.

NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Rediscovery of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):

- WRITTEN REVOCATION FROM VETERAN SUBMITTED TO VA STAFF _____
- UPON COMPLETION OR DISCHARGE FROM COURT PROGRAM _____

I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

DATE (mm/dd/yyyy)	SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)

FOR VA USE ONLY

IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)	TYPE AND EXTENT OF MATERIAL RELEASED	
	DATE RELEASED	RELEASED BY

Denton County Veteran Treatment Court Program

Post Screening Instruction Letter

To Veteran Applicant:

The application process is usually 4-8 weeks.

We will notify your court of jurisdiction that you have applied and are being considered.

Please continue to follow all the directions of your original court of jurisdiction, bondsman, and attorney.

YOU ARE NOT EXCUSED FROM ANY COURT APPEARANCES OR BOND DIRECTIVES

While your application is being considered:

1. You will not use drugs, re-offend or get arrested.
2. You will continue to follow all of your current court, bond, and attorney directives and conditions.
3. You will contact the Veterans Court Program Manager and provide any information concerning any changes to your application, (telephone numbers, employment, home address, etc).
4. Return our telephone calls promptly.
5. Notify the Veterans Court Program Manager within 24 hours if you need to cancel or re-schedule any appointments. Failure to do so will result in a delay in the application process on your case.
6. Please inform us at the time your interview is scheduled if you would like to be contacted to come in earlier in the event someone ahead of you cancels their appointment.
7. Inform the Veterans Court Program Manager when you have scheduled your appointment for your the 3rd Party Psychiatrist evaluation, your drug and alcohol evaluation, and the family study.

Thank You,

Denton County Veterans Court Program Manager
Jeff Gilmore

You will be contacted regarding your next appointment to complete your interview

Applicant Signature & Date

WAIVER AND RELEASE OF VETERANS COURT SCREENING REPORT

TO THE PRESIDING JUDGE OF VETERANS COURT:

I, _____ (Print Veteran's Name), a military veteran and a Defendant charged in Denton County, Texas, alleged to have committed acts constituting a criminal offense under the laws of the State of Texas, do knowingly, voluntarily, and intelligently consent to the release and inspection of the Veterans Court Screening Report prepared by the Denton County Veterans Court Program Manager pursuant to Article 42.12, Sec. 9(c)(2) of the Texas Code of Criminal Procedure and in accordance with my request and application to be considered for the Veterans Treatment Court Program (VTCP). By providing this release, I understand that I am waiving any rights or complaints of confidentiality regarding the information I provide to the Veterans Court Screening Officer as a part of my application for Veterans Court.

Pursuant to this section, I authorize the Presiding Judge of Veterans Court to release the information contained in this report to my counsel of record, members of the Community Supervision and Corrections Department and outside VA and medical personnel in order to facilitate the screening process to determine my eligibility for Veterans Court. I understand that until I accept the terms of Veterans Court Treatment Plan and volunteer to enter Veterans Court the Program Manager and supervision department personnel will not release this information to the State or the Court.

I understand that after I am presented with and accept the terms of my Veterans Court initial Integrated Treatment Plan (ITP) and volunteer to enter Veterans Court, my Veterans Screening Report will be released to the State and the Presiding Judge for a final review by both the State and the Presiding Judge to determine whether or not I will be accepted into Veterans Court. I further understand, that this report will be compiled, not to aid in prosecution, but rather, to determine my eligibility for Veterans Court.

By releasing and waiving my rights of confidentiality under Article 42.12, Sec. 9(c)(2) of the Texas Code of Criminal Procedure pursuant to the Denton County Veterans Treatment Court Program, I understand that the information I provide to the Denton County Veterans Court Program Manager could possibly be used in my subsequent prosecution for the crime I have been alleged to have committed should I not be accepted into Veterans Court or fail to complete Veterans Court successfully.

Defendant

Defendant's Attorney

Veterans Court Program Manager

Sworn and subscribed before me on the _____ day of _____, 20____.



CENTER FOR THERAPEUTIC CHANGE
Denton County Veterans Treatment Court Referral Form

Date: _____

Name: _____ Phone: _____

Address: _____

Program Manager: Jeff Gilmore: (940)349-2188/e-mail: jeff.gilmore@dentoncounty.com

SID: _____ Funding Source: ___ Veterans Court ___ Self Pay ___ Other _____

Schedule Appointment/Call: 817-446-9770

Appointment Date/Time: _____

Location: 6320 Brentwood Stair Road, Ft. Worth, TX 76112

Days/times: Tuesdays at 6 pm, Wednesdays at 4, 5, 6 pm.

Release of Information:

I (print name) _____ authorize The Center for Therapeutic Change, Ltd. to release and exchange any and all information regarding my treatment participation via, phone (verbal), written correspondence through mail, fax, email (electronic), etc. to the Denton County Veterans Court Program. This includes counselor impressions recommendations, diagnosis, attendance, progress, and cooperation with the program and other information deemed necessary by the Veterans Court or Center for Therapeutic Change for the purpose of contractual compliance and monitoring/supervision needs. I am aware that information released may affect my status with the veterans court and/or my legal status and that this consent will stay in effect until whatever legal action is taken against me is resolved. DATE _____

Signature _____ Witness _____

FINANCIAL PROFILE

DATE: _____

TIPS

1. FIND WEEKLY TOTALS FIRST (EX. GAS, CIGARETTES, FOOD)
2. SAVE ALL RECEIPTS FOR THE MONTH TO DOUBLE CHECK WHERE MONEY IS GOING.

NAME: _____

LIST YOUR MONTHLY INCOME:

Husband's Salary _____
 Wife's Salary _____
 Other Income _____

MONTHLY EXPENSES:

Rent or Mortgage _____
 Utilities _____

Telephone _____
 Child Care _____
 Other _____

TOTAL _____

Food:

Groceries _____
 Misc. Food & Drinks _____
 (eat out) _____
 TOTAL _____

Transportation:

Gas & Oil _____
 Taxi _____
 Other _____
 Insurance _____
 Car payments _____
 TOTAL _____

Clothing:

Husband's _____
 Wife's _____
 Children's _____
 TOTAL _____

Education

Newspaper _____
 Tuition _____
 Books\Supplies _____
 TOTAL _____

MISCELLANEOUS:

Life Insurance _____
 Donations _____
 Recreation/Sports _____
 Entertainment _____
 Child Support _____
 Savings _____
 Credit Cards _____
 Child Care _____

Loans _____
 Cigarettes\ _____
 Tobacco _____
 Furniture _____
 Vacation _____
 TOTAL _____

Court Ordered \$\$:

Probation _____
 Court Costs _____
 Fine _____
 Attorney Fees _____
 Restitution _____
 TOTAL _____

TOTAL INCOME:	_____
TOTAL	_____
REMAINING BALANCE:	_____

The above totals are accurate to the best of my knowledge.

Date: _____ X _____

Officer: _____

*** Bring copies of paychecks for latest month ***

Progressive Sanctions

Effective 11-16-16

If you miss a UA and/or provided a diluted UA the following sanctions will be required:

1ST missed and/ or diluted UA- Retest and 4 hours of community service

2nd missed and /or diluted UA- Retest and 8 hours of community service as well as, a 500 word essay (topic to be provided)

3rd missed and /or diluted UA- Hearing with the Court the following morning.

During the holidays community service for violations will be done with Toys for Tots.

Veterans Signature of Acknowledgement:

_____ Date: _____

Program Manager: _____ Date: _____

AFFIDAVIT OF FACT

FIREARMS AFFIDAVIT

**THE STATE OF TEXAS
COUNTY OF DENTON**

Before me the undersigned authority, on this day personally appeared the undersigned affiant, known to me, who being by me duly sworn upon his/her oath, deposed and said:

My name is _____ . I am over the age of 18 years and am fully competent to make this affidavit. I have personal knowledge of the facts stated herein and they are all true and correct."

I currently do not possess any firearms, ammunition, or prohibited weapons in my home or in my automobile. Furthermore, I do not have access to any firearms, ammunition, or prohibited weapons. I understand that it is a violation of the terms and conditions of the Denton County Veterans Treatment Court Program (VTCP) should I possess any firearms, ammunition, prohibited weapons, or have access to any of the same while I am a participant in the Veterans Treatment Court Program.

I affirm that I will not possess firearms, ammunition, prohibited weapons, or have access to them while I am a participant in this program unless I have written permission from the Presiding Judge of Veterans Court.

I understand that owning, possessing, or having access to any firearms, ammunition, or prohibited weapons may be grounds for my immediate discharge from Veteran Court.

Executed this _____ day of _____

Affiant

Before me, the undersigned authority, personally appeared _____ who
subscribed and swore to the truth of the foregoing before me on the _____ day of _____

Notary Public
Denton County, Texas

**Henton County Veterans Treatment Court Program (VTCP)
HIPAA Release of information**

AUTHORIZATION FORM

I, _____ (Veteran's Printed Name) hereby authorize

(Printed Name of
Doctor/Therapist/Healthcare Provider) and its affiliates, its employees and agents, to release to the
Denton County Veterans Treatment Court Program (VTCP) or its Treatment Team Representatives my
personal health information maintained by _____

(Printed Name of Doctor/Therapist/Healthcare Provider) and
its affiliates, its employees and agents (e.g., information relating to the diagnosis, treatment, claims payment,
and health care services provided or to be provided to me and which identifies my name, address, social
security number, Member ID number) for the purpose of assisting with my treatment and participation in the
Denton County Veterans Treatment Court Program (VTCP).

I understand that any personal health information or other information released to the organization or representatives identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws. This authorization is valid immediately from the date listed below next to my/my representative's signature.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

Printed Name of Member: _____

Signature of Member: _____ **Date:** _____

If applicable, Legal Representatives sign below:

By signing this form, I represent that I am the legal representative of the Member identified above that I am legally authorized to act on the Member's behalf with respect to this authorization form.

Name of Legal Representative: _____

Signature of Legal Representative: _____

Date: _____

Name of Witness: _____

Signature of Witness: _____

THE VETERAN TREATMENT COURT PROGRAM (VTCP)

INTEGRATED TREATMENT PLAN

Name:

Date of Birth:

Branch of Service:

Offense(s):

Date of Admission:

Age:

Combat/Hazardous Duty Tours:

I, _____ on the _____ day of _____, 20____, agree to the following service plan as a condition of my participation in the Denton County Veterans Court Treatment Program (Veterans Court). I agree to abide by the Participant Agreement, Performance Contract, and Integrated Treatment Plans during all three phases of Veterans Court program. I understand that non-compliance with the treatment plan may result in immediate termination from Veterans Court and further legal action. I understand that I volunteered to participate in Veterans Court.

General Court Orders Applicable to all Phases of Veterans Court

THE COURT ORDERS that the Defendant shall:

- (A) Obey all laws and commit no offense against the laws of this State, of any other State, or the United States;
- (B) Abide by the Terms and Conditions of the Participant Agreement and Performance Contract;
- (C) Avoid persons or places of disreputable or harmful character;
- (D) Consume no alcoholic beverages;
- (E) Do not use illegal narcotics, barbiturates, controlled substances or improperly use prescription medications;
- (F) Veteran will not possess, purchase, or have access to any type of **FIREARMS**, ammunition, or prohibited weapons while the Veteran is participating in Veterans Court;
- (G) Veteran will take medications as prescribed by his treating physicians. Veteran will provide the Supervision Officer with a list of all prescribed medications upon entry into Veterans Court and update the medications list as their medications change. If Veteran is experiencing adverse reactions to their prescribed medications, the Veteran will notify their treating physician immediately and their Supervision Officer. If Veteran discontinues their medication due to an adverse reaction, the Veteran will notify their treating physician and Supervision Officer immediately;
- (H) Report in person to the Veterans Court twice a month or as directed by the Court, the Veterans Court Manager, or the Community Supervision and Corrections Department of Denton County, Texas. Report as scheduled by the Court, Court Manager, or Supervision Officer and obey all rules and regulations of the Department. Veteran will promptly and truthfully answer all inquiries from Veterans Court team members. Veteran will not perpetrate any falsehood or deception, or misrepresent any truth to any branch of government or a government representative;

- (I) Permit the Supervision Officer/Veteran Court Program Manager to visit you at your residence or elsewhere, either in Denton County or out of Denton County, and notify your Supervision Officer and Veteran Court Program Manager of any change of address or employment prior to such change; Veteran is subject to and shall allow themselves to be searched at any time or place by the Supervision Officer and Veteran Court Program Manager. Veteran shall allow the search of their vehicle, residence and/or property if the Veterans Court Judge or Veteran Courts representative(s) deems it necessary;
- (J) Work faithfully at suitable employment as far as possible and/or attend school;
- (K) Veteran will maintain affordable and stable housing;
- (L) Veteran will support their dependents. Within 30 days from the date of Veteran's admission to Veterans Court, the Veteran will provide to the Veterans Court Manager or Supervision Officer a copy of any Court order currently in effect which directs you to pay Child Support. If any such order exists, pay in full, at the times the same is ordered, any and all Court ordered child support, unless otherwise excused by the Court, and provide written verification of such payments to the Veterans Court Manager or Supervision Officer upon request;
- (M) Remain within the State of Texas during the term of Veterans Court treatment plan unless given permission to leave the State in writing by the Court. Veteran waives extradition to the State of Texas from any jurisdiction to return to the State of Texas. Veteran will not contest any effort by any jurisdiction to return the Veteran to the State of Texas.
- (N) Submit to testing for alcohol or illicit drug usage at the request of the Court/Supervision Officer/Veteran Court Program Manager and pay for the costs of these tests within 30 days of giving the specimen. Any refusal, alteration, or failure to provide a specimen for urinalysis, will be considered a positive test results;
- (O) Furnish a sample of your breath, blood or urine at the request of any peace officer who has probable cause to believe the Veteran may have committed any crime. Veteran agrees not to act as a Confidential Informant (CI) for any law enforcement agency;
- (P) Sign all authorizations for release of information requested by the Veterans Court and/or treatment provider(s) and/or other resource providers. This information is necessary to allow cross reporting of the Veteran's compliance with the program conditions. Veteran understands that Veteran cannot revoke their authorization for release of information until the Veteran has completed or the Veteran is dismissed from the Veterans Court program. Veteran understands that the failure to sign an authorization for release of information may make the Veteran ineligible for participation in the program;
- (Q) Veteran will continue with their current treatment or engage with treatment at the Veteran's assigned and Court approved VA Mental Health Clinic for PTSD and/or Mental Health treatment and the Veteran will follow all treatment recommendations; and
- (R) Veteran will cooperate with his assigned Veteran Mentor while in the Veterans Court. Veteran will contact their assigned Veteran Mentor at least _____ times a week or as directed by Court.

Veterans Court Fees and Supervision Costs

- (T) Pay to the Community Supervision and Corrections Department, P.O. Box 1309, Denton, Texas 76202, a **SUPERVISION FEE** in the amount of \$ _____ on or before the 20th day of _____, 20____ and pay that amount on or before the 20th day of each month thereafter during the period of Community Supervision;
- (U) Pay a **VETERANS COURT PROGRAM FEE** in the amount of \$ _____ to the Denton County Community Supervision Department INSTANTER; however, if Veteran cannot pay the program fee prior to admission into the Veterans Court the Veteran is Ordered to set up a payment plan with the Court/Program Manager/Supervision Officer and make payments in accordance with the terms and conditions agreed upon;
- (V) Pay **RESTITUTION** in full prior to admission into Veterans Court through the Denton County Community Supervision and Corrections Department in the amount of \$ _____, or with prior approval from the Court in installments of \$ _____ per month (plus any administrative fee associated with the installment payments) beginning on the _____ day of _____, 20____, and a like payment on the same day of each month thereafter until paid; and
- (W) Veteran understands that delinquency in the payment of the Veterans Court Program Fee, Supervision Fees, Court Costs, or Restitution will possibly delay the Veteran's progression through treatment Phases.

Additionally, the Court orders the following terms and conditions if checked:

FORCE PROTECTION

- _____ (a-1) Veteran will place **VA Suicide Hotline Number (800-273-8255) and Local Suicide Prevention (800-762-0157 Denton County MHMR Hotline)** contact information in phone and carry card with number in their wallet;
- _____ (a-2) Veteran will participate in a **Suicide Risk Evaluation** at the VA;
- _____ (a-3) Veteran will report to the **VA Suicide Prevention Coordinator**. If yes, date of scheduled first appointment: _____;
- _____ (a-4) Court will assigned Veteran a **Veteran Mentor** specifically for suicide risk. If yes, the Court Manager will make Veteran Mentor made aware of suicide risk. (Yes / No);
- _____ (a-5) Veteran will complete **suicide prevention class** through a VA sponsored program; and
- _____ (a-6) Participate in **individual and/or marital counseling** for coping skills and communication tools.

DWI/DRUG and ALCOHOL TREATMENT AND MONITORING TERMS

- _____ (a-7) If treatment is deemed necessary as a result of the Veteran's **Drug/Alcohol Evaluation**, the Veteran shall abide by any and all treatment directives, comply with the rules and regulations of the approved agency, and pay all costs incurred for such services. Continue in said treatment until successfully completed as stated by the counselor with the agreement of his/her community supervision officer;
- _____ (a-8) Successfully complete within 181 days of this order the **DWI Safety Education Program** through an agency approved by your Supervision Officer, pay all required fees for the program, and provide written proof of the completion of the program to the Denton County Community Supervision and Corrections Department within 10 days of the date of completion;
- _____ (a-9) Successfully complete within 90 days of this order the **DWI Victim Impact Panel** provide written proof of completion to your Supervision Officer within 10 days of the date of completion;
- _____ (a-10) Complete within 180 days, and follow all directives of the **Drug Offender Education Program**; through an agency approved by your Supervision Officer, pay all required fees for the program, and provide written proof of the completion of the program to Veteran's Supervision Officer within 10 days of the date of completion;
- _____ (a-11) Complete within 180 days, and follow all directives of, the **DWI Repeat Offender Program**; through an agency approved by your Supervision Officer, pay all required fees for the program, and provide written proof of the completion of the program to the Denton County Community Supervision and Corrections Department within 10 days of the date of completion;
- _____ (a-12) **Maintain Proof of Financial Responsibility** for any motor vehicle you own or operate, and provide proof to your Supervision Officer each time you report and at any other time it is requested;

DRUG AND ALCOHOL MONITORING

- _____ (a-13) Within three (3) days, the Veteran shall secure a **Transdermal Ankle Monitoring Device** which monitors both alcohol and/or other drug usage, and maintain same until released by the Court. Veteran will pay all costs associated with the monitor. Veteran will not tamper with monitor or obstruct the monitor. Veteran will not miss any communication times set out in the participation agreement, which shall include daily downloads. Veteran will abide by all rules set out by the participant agreement. Veteran will show monitor to supervising officer at each contact;
- _____ (a-14) Veteran shall not operate a motor vehicle for a period of _____ months unless the vehicle is equipped with a deep-lung breath analysis mechanism (**Ignition Interlock with Camera**) to make impractical the operation of the motor vehicle if ethyl alcohol is detected in the breath of the operator. Veteran shall have the device installed on or before _____, follow recalibration schedules and rules of the monitoring agency and pay all costs incurred. If you do not have the mechanism installed within seven (7) days after the signing of this order, than you are hereby ORDERED to report to your Supervision Officer no later than 5:00 PM on the eighth (8th) day for electronic monitoring;

- _____ (a-15) The Veteran shall obtain a **SOBERLINK** monitoring device and maintain the monitor for the remainder of his supervision or until further order of the Court. The Veteran will pay all costs associated with the SOBERLINK monitor. The Veteran shall not tamper with the monitor or obstruct the monitor. He shall not miss any communication times set out in the participant agreement. The Veteran will keep the equipment charged all times;
- _____ (a-16) The Veteran shall obtain and adhere to their body a **Transdermal Drug Patch** on or before _____. Follow all guidelines of Transdermal Drug Patch monitoring including following all scheduled reporting and patch exchanges. Pay all costs incurred. Maintain this Transdermal Drug Patch until otherwise directed by the Court;
- _____ (a-17) The Veteran shall obtain an **In-Home Alcohol Monitoring Device** equipped with a camera within seven (7) days of this judgment. This device should be kept in the Veteran's care and custody at all times, and standard testing periods may be altered by the supervision officer to ensure no alcohol consumption. The Veteran shall follow all downloading schedules and rules of the monitoring agency;
- _____ (a-18) It is further order that the Veteran Surrender immediately unto the Court any and all Operator's, Commercial Operator's Chauffeur's Licenses or permits to drive issued to the Veteran under Texas Law (**Driver's License Suspension**), and that the same be in accordance with the Law, suspended for a period of _____ days; and
- _____ (a-19) Attend a **Community Based Sober Support Group** that is approved by your supervision officer at least 2 times per week, document attendance and work with a sponsor/accountability partner, and provide written proof of attendance to your Supervision Officer at each monthly report beginning the first week after this order.

Assault Terms

- _____ (a-20) Participate in the **VA Anger Management Course or Court Approved Anger Management Course** at the direction of his community supervision officer, continue in such treatment until successfully discharged by his counselor and community supervision officer, and pay all costs incurred for such services;
- _____ (a-21) Veteran will participate and complete an accredited **Batterer's Intervention Prevention Program (BIPP)**; begin Orientation within 60 days; start the weekly group sessions within 90 days of this order at an approved agency, comply with the rules of the agency, and pay all costs of the services; continue in said treatment until successfully discharged by counselor and community supervision officer; defendant shall pay all costs incurred for such services; and provide written proof of completion to the supervision officer within 360 days;
- _____ (a-22) Abide by and/or complete any terms set forth by **Child Protective Services**;
- _____ (a-23) Successfully complete within 181 days of this order the **Domestic Violence Impact Panel** and pay all costs of such panel; provide written proof of completion to your supervision officer within 10 days of the date of completion;
- _____ (a-24) Pay \$100.00 to **Friends of the Family in Denton County**; to be paid through the Denton County Community Supervision and Correction department in installments of \$25.00 per month, beginning on or before the 20th day of _____, 201____, and a like payment on the same day of each month thereafter until fully paid;

- _____ (a-25) Pay \$_____ to a **Family Violence Shelter** in Denton County that receives state or federal funds; to be paid through the Denton county Community Supervision and Correction department in installments of \$_____ per month, , beginning on or before the _____ day of _____, 20____, and a like payment on the same day of each month thereafter until fully paid;
- _____ (a-26) Have no direct or indirect contact (**NO CONTACT ORDER**) with the victim, _____, or her/his immediate family;
- _____ (a-27) Veteran will be placed on **ELM Device for GPS monitoring** and abide by any defined exclusionary zones; and
- _____ (a-28) Attend **Family Counseling** with the counselor of your choice as approved by the Court and/or Supervision Officer or with the Veterans Court Family Counselor/their designee until successfully discharged by that provider.

Life Skills

- _____ (a-29) If instructed to participate in a **Parenting Course** at the direction of his community supervision officer, the Veteran will participate in such treatment until successfully discharged by his counselor and community supervision officer, and pay all costs incurred for such services;
- _____ (a-30) Participate in the **CHANGE Program / Life Skills Program / Alcohol Seller/Server Program**; begin participation in the program(s) within 60 days of this order at an approved agency, comply with the rules of the agency, and pay all costs of the services. Continue in said treatment until successfully completed. Provide written proof of completion to the Supervision Officer within 270 days of this order;
- _____ (a-31) Participate in a **Financial Counseling / Advicement Program** to assist with Veteran's goal financial stability; and
- _____ (a-32) Within two weeks of admission into Veterans Court, the Veteran will meet with the **Veteran Service Officer (VSO)** of Denton County or county which Veteran resides to determine what Veterans benefits the Veteran is eligible to receive and provide feedback to his Supervision Officer of those potential benefits. Veteran will apply for any benefits the Veteran wishes to try and obtain.

OTHER TERMS AND CONDITIONS BASED INDIVIDUAL TREATMENT NEEDS

- _____ (b-1) _____

- _____ (b-2) _____

- _____ (b-3) _____

(b-4)

You are hereby advised that under the law of this State, the Court shall determine the terms and conditions of your treatment plan and your participation in the Veterans Court. The Court also has the authority at any time during this treatment program to revoke your participation in Veterans Court and proceed to sentencing for any violation of the conditions of your treatment plan set out above.

Veteran understands that their participation in the Veterans Treatment Court Program is VOLUNTARY. The Veteran by signing this document and other Veterans Court related documents is indicating to the Court, the District Attorney's Office, and his Defense Attorney the Veterans desire to volunteer for Veterans Court Treatment and abide by and follow the rules of Veterans Court and their treatment plan. The Veteran understands that these terms and their treatment plan may be modified at any time by the Court or their Supervising Officer, and the Veteran agrees to follow those changes.

DONE AND ENTERED this the _____ day of _____, 20____

JUDGE PRESIDING
VETERANS COURT JUDGE
DENTON COUNTY, TEXAS

ASSISTANT DISTRICT ATTORNEY
VETERANS COURT PROSECUTOR
DENTON COUNTY, TEXAS

VA VETERANS COURT REPRESENTATIVE
DENTON COUNTY, TEXAS

VETERANS COURT PROGRAM MANAGER
DENTON COUNTY, TEXAS

VETERANS COURT
COMMUNITY SUPERVISION OFFICER
DENTON COUNTY, TEXAS

I AM THE VETERAN WHO RECEIVED THIS
TREATMENT PLAN AND AGREED TO THIS
PROGRAM ON THE ABOVE DATE IN OPEN
COURT

VETERAN

Denton County Veterans Treatment Court Program

PARTICIPANT AGREEMENT AND PERFORMANCE CONTRACT

I wish to participate in Denton County Veterans Court Program. Before I may be admitted into the program, I _____, understand and agree that I will assume certain obligations and responsibilities. I also understand and agree that I will have to follow orders given to me by the Presiding Veterans Court Judge, Veterans Court personnel, Veterans Court Supervision Officer and other people involved in the Veterans Court Program.

MY RESPONSIBILITIES AND DUTIES ARE AS FOLLOWS:

_____ I must attend all court sessions as ordered.

_____ I will comply with all program requirements, including, but not limited to:
Being on time and attending all counseling sessions.
Being on time and attending all Veterans Court appearances.
Participating in all counseling sessions.
Completing all counseling assignments.
Making satisfactory progress in the program as measured by phase requirements.
Notifying my treatment provider and case manager of any drugs prescribed for me by a physician before I begin taking them.
If I have a substance abuse diagnosis, I must provide written notification to my physician that I am in Veterans Court and am subject to random drug testing.

_____ I must contact my Supervision Officer as directed.

_____ I will comply with all lawful directives issued by the Veterans Court or its representative.

_____ I will promptly and truthfully answer all inquiries directed to me by all Veterans Court team members.

_____ I will not perpetrate any falsehood or deception, or misrepresent any truth to any branch of government or a government representative.

_____ I must submit to any rehabilitative, medical, psychological, psychiatric, educational, vocational, alcohol or other drug treatment program, including residential treatment as directed by the Veterans Court.

_____ I understand that, if required to attend residential treatment, I may have to remain in custody until such time as the treatment facility admits me.

_____ I must not attend any required activity or program while in possession of an illegal drug or weapon of any kind, including firearms and knives.

_____ I must not consume or purchase alcoholic beverages or illegal drugs.

_____ I must not visit places where illegal drugs are sold, dispensed, or used.

_____ I understand that I am not to go into bars, liquor stores, taverns, clubs, parties or places where alcohol is the main item for sale or consumption.

_____ I must submit to urinalysis or drug testing upon request of the Veterans Court.

_____ I understand that if, at the time of request, I refuse, alter, or fail to provide a specimen for urinalysis, the Veterans Court will consider my action to constitute a positive test result and I will be sanctioned.

_____ I understand that I will not attend any required activity or program under the influence of any alcohol/illegal drug

_____ I must obey all laws.

_____ I will not possess, purchase, carry or have access to any type of **FIREARMS**, ammunition, or prohibited weapons while the Veteran is participating in Veterans Court.

_____ I understand that if I engage in any criminal act, I may be removed from the Veterans Court program and prosecuted for any new charge(s).

_____ I must not commit acts of violence or threats of violence. I must not engage in verbal violence.

_____ I understand that I must exhibit courtroom behavior and obey courtroom rules, including but not limited to, the following:

I will not talk in the courtroom during Veterans Court proceedings.

I will dress appropriately for court:

I will keep my shirttails tucked in.

I will not wear any tank tops, muscle shirts, crop-tops, starter jackets or shirts with obscene words or pictures.

I will not wear any clothing that displays any drug related symbols or themes.

I will not wear baggy or sagging pants, including jeans that sag below waistline.

I will wear my shirts buttoned.

I will not wear any hats, caps or bandannas in the courtroom.

I will not wear any gang attire of any kind.

I will turn my telephone or pager off before entering the courtroom.

I will not wear shorts in the courtroom.

I will avoid obscene or abusive language.

I will avoid racial, ethnic, social, sexist, and / or sexual slurs and derogatory language.

I will stand on my own two feet and not lean against the judge's bench.

I will not bring food or beverages into the courtroom.
I will remain in the courtroom until the Veterans Court judge dismisses me.
I will not curse or use profanity of any kind in the courtroom.
I will speak clearly and directly when addressing the Veterans Court judge, the district attorney, or any other officer of the court;
I will be on time and attend all scheduled court appearances.
When I enter the courtroom, I will immediately take a seat.

_____ I will not leave Texas without written permission from the Veterans Court.

_____ I will not change my address, telephone number or employment without first consulting with appropriate Veterans Court personnel.

_____ I understand that I must be employed, in school, or in treatment care as required by the Veterans Court Judge.

_____ If I change jobs, I must tell the Veterans Court within 48 hours

_____ I will allow any representative of the Veterans Court to visit my home, place of employment, or any other location I am located at any time.

_____ I agree to allow myself to be searched at any time or place by the Veterans Court or representative(s) of the Veterans Court.

_____ I agree to allow my vehicle, residence and / or property under my control searched if the Veterans Court Judge or Veterans Court representative(s) deems it necessary.

_____ I will not associate with persons having a criminal record or on probation UNLESS the individual attending the Veterans Court Program or the Veterans Court approves of me associating with the individual before contact takes place.

_____ I will not act as a Confidential Informant (CI) for any law enforcement agency.

_____ I agree to sign all authorizations for release of information requested by the Veterans Court and / or treatment provider(s) and / or other resource providers.

_____ I realize that my authorization of release of information is necessary to allow cross reporting of my compliance with program conditions.

_____ I understand that I cannot revoke my authorization for release of information until I complete or am dismissed from the Veterans Court Program.

_____ I understand that my failure to sign an authorization for release of information may make me ineligible for participation in the program.

_____ I agree that, if *I fail to keep any program appointment* (in the absence of an explanation satisfactory to my Treatment Provider or a member of the Veterans Court Team), my treatment provider or a member of the Veterans Court team may immediately make necessary adjustments prior to staffing with the Veterans Court.

_____ I agree that, if *I fail to comply with any reasonable requests or requirements* of my treatment provider, a member of the Veterans Court team, and / or resource providers, my treatment provider or a member of the Veterans Court team may immediately make necessary adjustments prior to staffing with the Veterans Court.

_____ I agree that, if I *test positive for any non-prescribed drug and / or alcohol* my Treatment Provider or a member of the Veterans Court Team may immediately make necessary adjustments prior to staffing with the Veterans Court.

_____ If I do not agree that I committed an alleged breach of this agreement, I shall continue to follow program guidelines until the next Veterans Court docket; I also agree to continue to obey all lawful orders of my treatment provider or members of the Veterans Court team.

_____ While I understand that I have the right to be heard at the next Veterans Court Docket, I am aware that the Veterans Court can support and in some cases impose additional sanctions in the event of a finding that this agreement has been violated.

_____ I acknowledge that I have been informed that if the Court, in its sole discretion, finds that I willfully failed to comply with any treatment and / or rehabilitation requirements, I may be revoked from the program and the Court may proceed to impose sentence.

_____ I agree to pay all fees, court costs, treatment fees, restitution costs, victim compensation, attorney fee, mental health assessment fee, and laboratory fee as ordered by the Court.

_____ I waive extradition to the State of Texas from any jurisdiction in or outside the United States where I may be found.

_____ I will not contest any effort by any jurisdiction to return to the State of Texas.

_____ I will perform any and all community service hours including a required Veterans Court community service project as directed by the Veterans Court.

_____ If 1) the court sanctions me by sending me to jail, **or** 2) I am arrested on a Veterans Court warrant, **or** 3) I am arrested on a new offense, I **must** notify the jail of my mental health diagnosis if applicable, and my current medications.

_____ I agree to follow my Integrated Treatment Plan during my participation in Veterans Court.

_____ I understand if I fail to follow the terms of my agreement, the Veterans Court may impose sanctions, add or change assigned tasks or conditions, and / or modify or change my treatment program. These changes may include, but are not limited to:

- Increased frequency of urinalysis testing.
- Increased frequency of court appearances.
- Require attendance at additional support meetings.
- Order me to write an essay on a recovery or Veterans Court related topic.
- Impose participation in Community Service.
- Incarcerate me in the Denton County Jail.
- Re-start my current phase.
- Increase my level of supervision.
- Re-evaluate my treatment plan.
- Issue a Bond Forfeiture or Alias Warrant (BFAW) for me.
- Terminate my status as a program participant.
- **Revoke my participation in the VTCP and set aside my agreed disposition and then allow the Court to sentence me within the full range of punishment.**

_____ I understand and agree to remain under the supervision of the Veterans Court Program **UNTIL FURTHER ORDERS OF THIS COURT.**

_____ I acknowledge that I have read and understood my responsibilities and duties as listed above. I agree to abide by each and every rule.

Veteran

Date

Veterans Court Program Manager

Date

Attorney for the Defendant

Date

Veterans Court Prosecutor

Date

Veterans Court Judge

Date

Denton County Veterans Treatment Court Program

VTCP Program Costs

Participating veterans are required to pay for the following fees in full, in part, or not at all; depending on their financial ability. The Veterans Court Screening Officer will determine a veteran's ability to pay during the screening process. If a Veteran is indigent, the Veterans Court Screening Officer will submit paperwork to the Presiding Judge, Judge David Garcia, for the Court to make a Finding of Indigence. No veteran will be denied participation into Veterans Court because they do not have the ability to pay for said fees. However, veterans who can pay will be required to pay their costs.

➤ \$60 Monthly Supervision Fee:

- Due every month and paid to the Denton County Adult Community Supervision Department.

➤ Variable Fees Paid by Veteran

- \$50-\$225 Ordered Drug/Alcohol Classes; price varies by agency

➤ Fees Paid for by the Court:

- All Lab Fees
- \$16 Drug Screen Fees
- \$225 Mental Health Evaluation
- \$180 Mental Health Re-Evaluation
- \$50 Alcohol/Drug Evaluation
- \$350 Family Study
- \$53-\$280 Monthly Alcohol/Drug Monitoring; price varies by device
- \$50-\$90 Per Counseling Fee for Session; price varies by focus type

Program Fee Agreement

I wish to participate in the Denton County Veterans Treatment Court Program. My signature below represents that I understand and agree to all terms and conditions set forth by the court.

I understand that I will also be responsible for paying a monthly supervision fee in the amount of \$60.00 per month to the Denton County Supervision and Corrections Department and pay for the costs of drug and alcohol testing within 30 days of giving the specimen or taking the test. Failure to make payments towards court could affect by advancement through the program and may result in sanctions.

Veteran

Date

Attorney for the Veteran

Date

Veterans Court Program Manager

Date

Veterans Court Judge

Date