

# VETERANS' TREATMENT COURT APPLICATION

PLEASE PRINT

Date: \_\_\_\_\_

VTC Case # \_\_\_\_\_

Last Name: \_\_\_\_\_ First : \_\_\_\_\_

MI: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's license or state ID card: (Circle one) Yes / No DL or ID Card Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Period of Combat Service: \_\_\_\_\_

Possession of DD-214: \_\_\_\_\_ yes \_\_\_\_\_ no Branch of Service: \_\_\_\_\_

Diagnosis of a service-related mental illness: \_\_\_\_\_ PTSD \_\_\_\_\_ TBI \_\_\_\_\_ Substance Abuse

How long have you lived in Sumter County: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Telephone#(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Case#: \_\_\_\_\_

Currently in jail (Please Circle one): Yes / No If so, date of incarceration: \_\_\_\_\_

Previous Convictions: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Public Defender/Private Firm Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*The Sumter County Veteran Treatment Court does not discriminate against qualified applicants and on the basis of race, color, religion, gender, age, national origin, marital status, handicap (disability) or veteran status or as otherwise prohibited by federal, state or local law.*

## SUMTER COUNTY VETERANS' TREATMENT COURT APPLICATION

The purpose of, and need for, this exchange of information is to provide information about my eligibility for, and participation in, Veteran Treatment Court's application process. The information to be exchanged may include information about my diagnosis which will include, but is not limited to: medical history, including current assessments, diagnosis, treatment and medications, arrest and prior criminal record, risk and alcohol/drug use assessment and diagnosis information.

The Veteran Treatment Court Treatment team members are; the presiding Veteran Treatment Court Judge, Assistant State Attorney, Public Defender, or other Defense Counsel, Veteran Treatment Court Coordinator, and the Veteran Justice Outreach Specialist (VJOS).

I agree that the disclosure of the above information, prior to Veteran Treatment Court termination, sentencing, and or revocation of this consent shall not be a breach of my right to confidentiality.

I understand that any disclosure made regarding mental health and substance abuse treatment is bound by Part 2 of Title 42 of the Code of Federal Regulations (42CFR, part 2), which governs the confidentiality of mental health and substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties, and only with respect to these particular criminal proceedings.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of attorney (Please Print)

\_\_\_\_\_  
Signature of attorney

\_\_\_\_\_  
Date

Please return the completed referral along with the Consent for Disclosure to:

Michael Swensen, Program Assistant

Sumter County Courthouse

215 E. McCollum Ave, Room 120

Bushnell, FL 33513

(352)569-6942 Fax: (352)569-6985

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