

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:

Kathy Glover, Coordinator

Sumter County Courthouse

215 E. McCollum Ave, Room 120

Bushnell, FL 33513

O: (352)569-6942 C: (352)457-3115

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SUMTER COUNTY VETERAN'S TREATMENT COURT

INTAKE APPLICATION

215 E. MCCOLLUM AVE.
BUSHNELL, FL 33513
(352) 569-6942

PERSONAL INFORMATION

Male

Female

First Name: _____ Middle: _____ Last Name: _____ Suffix: _____

Alias: _____

Social Security # (last four): _____ DL State: _____ DL/ID #: _____ DL Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Living Arrangement(s): Independent Homeless Dependent with (Name and Relationship)

Phone Number: _____ Alternate Number: _____ Alternate Number: _____

Date of Birth: _____ Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____ Spouse's Occupation: _____

Race/Ethnicity: African American Caucasian Multi-Racial Asian / Pacific Islander
 Hispanic / Latino Native American Other: _____

Emergency Contact: _____ Phone(s): _____

BRANCH OF SERVICE:

___ Air Force ___ Army ___ Coast Guard ___ Marines ___ National Guard
___ Navy ___ Reserves

Enlistment Date: _____ Discharge Date: _____ Years of Service: _____

Military Occupational Specialty: _____

Military Discharge Reason (*Check One*)

___ Still Serving, not yet discharged Military Rank: _____

___ Honorable Military Rank: _____

___ Entry-level separation Military Rank: _____

Details: _____

___ General (including medical) Military Rank: _____

Details: _____

___ Other than honorable Military Rank: _____

Details: _____

___ Clemency Military Rank: _____

Details: _____

___ Bad conduct dishonorable Military Rank: _____

Details: _____

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Additional Relevant Information from DD Form 214 or Other Source:

Yes No

Details:

CRIMINAL HISTORY

Any criminal convictions prior to military service: Yes No

If yes, highest offense grading of conviction prior to military service

Felony Misdemeanor Summary

Military Incarceration: Yes No

Details:

Eligible Veterans Treatment Court Charge: _____

Counts: _____

Clerk Case#: _____ Arrest Date: _____ Offense Date:

1st Appearance Date: _____ Arraignment Date: _____

Offense Categories: B&E Home Invasion C.S. Manufacturing/Distribution C.S.

Use/Possession

Other Drug Offense Property Offense Other Traffic Offense (Criminal) Neglect & Abuse

Civil

Neglect & Abuse Criminal DUI of Alcohol/C.S. 1st 2nd 3rd

Non-violent Sex Offense Other: _____

Charge Type: Felony Misdemeanor

Incident Offense: New Criminal Offense VOP Technical VOP New Criminal Offense

Post Sentence

Preliminary Date: _____ Pretrial Date: _____ Adjudication Date: _____ Disposition Date: _____

Sentenced: Yes No Sentence Date: _____ Disposition: _____ Probation Exp. Date: _____

Jail Status: Jail Not in Jail Jail Admit Date: _____ Date Released from Jail: _____

Qualifying Sentencing Score: _____

Prior Adjudications: Yes No If yes: _____ Number of felonies _____ Number of misdemeanors

Pending Dependency Case History: Yes Is currently Charged with has or a Previous Adjudication of a Violent Crime or Sex

Offense, Other Than Domestic Violence? Yes No

Previous Adjudications of Domestic Violence? Yes No Outstanding Warrants: Yes No

Pending Criminal Charges: Yes No Prior Failures To Appear: 0 1 2 3 or more

Currently on Probation: Yes No If Yes: Probation Officer's Name: _____

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History of Prior Court Programs: None Successful Voluntary Withdrawal Unsuccessful

Absconded

Clerk Case Number: _____ FDOC#: _____

Probation Officer's Name: _____

Prior Adjudications: Yes No Current Dependency Case? Yes No
Counts: _____ Has there ever been a Dependency Case? Yes No

Jail Status: Jail Not In Jail Family Care Manager Name (if applicable): _____

Jail Admit Date: _____ Date Released From Jail: _____

Awards and Decorations:

____ Yes ____ No

Details:

Rank Reduction:

____ Yes ____ No

If yes, Disciplinary Action/ Rank Reduction:

Deployed Abroad:

____ Yes ____ No

If yes, Total Months:

Location (s):

Have you ever been exposed to military combat?

____ Yes ____ No

If yes, Number of deployments to a combat zone:

____1 ____2 ____3 ____4 ____5 ____6 or more

Conflict Eras of Service:

____ WW II (1941-1946) ____ Korea (1950-1955) ____ Vietnam (1961-1975)
____ Persian Gulf - Iraq/Kuwait ODS (1990-2003)
____ Persian Gulf- Afghanistan OEF (2001-present)
____ Persian Gulf- Iraq OIF (2003-2010)
____ Persian Gulf- Iraq OND (2010-present)

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Military Service Comments:

Witness or Involvement:

___ Yes – Number of times: _____

___ No

EMPLOYMENT &/or BENEFITS INFORMATION

Current Employment Status: Unemployed Full-Time Part-Time Disabled Retired Student

If Employed:

Name of current employer:

Average number of hours worked per week:

Length of time with current employer: _____ Months _____ Years

Primary Source of Support:

___ Adoption Subsidy

___ Disability

___ Family

___ Foster Care Subsidy

___ Retirement Plan

___ Salary/Wages

___ Social Security

___ Social Security Disability

___ Veteran's

Benefits

___ SNAP/AFDC

___ Workers Compensation

___ None

___ Other: _____

Gross Monthly Income (from all sources): \$ _____

Employment History (previous job experiences and why you are no longer employed there):

Date Referral Sent to VA/VJO: _____

Veteran eligible for Benefits:

___ Yes _____ No

Date Assessment Received from VA/VJO: _____

___ Yes _____ No

Date of receipt of ineligibility notice: _____

Benefits Utilized Previously:

___ Compensation and Pension

Details: _____

___ Education

Details: _____

___ Housing Services

Details: _____

___ VA Health Insurance

Details: _____

___ Other Insurance

Details: _____

___ Vocational Services

Details: _____

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Veterans Association or Group Membership:

___ Yes

___ No

Association or Group Details: _____

Utilizing Services from the Vet Center:

___ Yes

___ No

Details: _____

Transportation Status:

Reliable Transportation

No Reliable Transportation

Comments: _____

Make/Model of Vehicle (s) _____ Vehicle is: Owned Leased

EDUCATION HISTORY:

Highest Education Completed:

___ No High School Diploma: Last Grade Completed: _____

___ GED

___ High School Diploma

___ Some Trade School

___ Trade School Graduate

___ Major/Minor: _____

___ Some College

___ College Graduate 2 year Program

___ Major/Minor: _____

___ College Graduate 4 year Program

___ Major/Minor: _____

___ Advanced Degree

___ Major/Minor: _____

___ Currently Attending School

Name of School Attending: _____

If you do not have your High School Diploma or GED, explain what led you to drop out : _____

Did you have an Individualized Educational Program ("IEP") when in school? Yes No Unsure

Were additional services provided while you were in school (tutoring, specialized classes, counseling, speech or other therapies)?

What difficulties/issues did you have in school?

HOME LIFE

Number Of Times Moved In The Last Three Years? ___ Comments: _____

Length of Time at Current Primary Address? ___ Comments: _____

Trauma/Loss

Has there been any significant trauma or loss in your life (e.g., loss of a family member or friend, separation from a close relative)?

Your turn to share...anything else you feel is important for us to know:

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Intake Screening Information

SUBSTANCE ABUSE HISTORY

Drug of Choice: Enter P-Primary Drug of Choice, S-Second Drug of Choice, T-Any substances you have used in your lifetime.

P-S-T	Substance	Age of first Use	Date of last Use	Ever Injected?
	Alcohol			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Marijuana- Cannabinoids			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cocaine			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Crack			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Methamphetamine			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Methadone			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Steroids/Inhalants			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ketamine (Special K)/PCP/DXM			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Salvia			<input type="checkbox"/> Yes <input type="checkbox"/> No
	"Spice"-Synthetic Marijuana			<input type="checkbox"/> Yes <input type="checkbox"/> No
	"Bath Salts"			<input type="checkbox"/> Yes <input type="checkbox"/> No
	MDPV "Molly's"			<input type="checkbox"/> Yes <input type="checkbox"/> No
	LSD/Mescaline/Psilocybin (Mushrooms)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	MDMA (Ecstasy)/Rohypnol/GHB			<input type="checkbox"/> Yes <input type="checkbox"/> No
	RX: Stimulants - Adderall- Ritalin etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	RX: Depressants - Xanax-Quaalude etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	RX: Opioids - Oxy/Roxy/Lortab etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other(s): _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a current Tobacco Smoker? Yes No How much tobacco do you smoke per day? _____

Are you interested in information about the Smoking Cessation Program? Yes No

History of Substance Abuse Treatment:

_____ Never had any S.A. Treatment

_____ Court Ordered S.A. Treatment Year: _____ Location: _____ Outcome: Completed/Did not Complete

_____ Other S.A. Treatment Attended Year: _____ Location: _____ Outcome: Completed/Did not Complete

Year: _____ Location: _____ Outcome: Completed/Did not Complete

Were you under the influence of any substances when arrested for this charge or any other charges? Yes No

If yes, explain: _____

HEALTH HISTORY

Current Medications: Yes No If Yes, Condition is: Physical Psychological Both

Medications: _____

Ever been treated for substance abuse through a pharmacological intervention such as Methadone Treatment? Yes No

Where? Comments: _____

Pregnant?: Yes No N/A Due Date: _____ Hospital: _____ Doctor: _____

Comments: _____

Medical Insurance: None Medicaid Medicare Private: Carrier: _____

History of Mental Health Condition(s): Yes No Explain: _____

History of Medical Condition(s): Yes No Explain: _____

History of Communicable Disease: Hep B Hep C HIV Tuberculosis

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Children:

<u>NAME</u>	<u>AGE</u>
1.	
2.	
3.	
4.	
5.	

Child Support: ___ N/A ___ Paying Current ___ Paying Not Current ___ Not Paying
 Custody Status: ___ N/A ___ Never Lost Custody ___ Temporarily Lost Custody ___ Regained Custody
 ___ Rights Terminated

NOTES:

The Sumter County Drug Court Programs do not discriminate against qualified applicants 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.