

VETERANS TREATMENT COURT

APPLICATION

**CONFIDENTIAL INFORMATION
TO BE DISCLOSED SOLELY FOR THE PURPOSE OF
APPLICATION AND PARTICIPATION IN THE
VETERANS TREATMENT COURT**



Submit email application packet to the Administrative Office of the Courts/

Veterans Treatment Court: VTCapp@fljud13.org.

Questions can be addressed to the VTC Office @ (813) 276-8190.

(Revised June 18, 2024)

VETERANS TREATMENT COURT APPLICATION

Thirteenth Judicial Circuit

| | | | | | | | |
|---|---|--|---|--|--|---------------------------|--|
| Date: | | | Case Number(s): | | | | |
| Last Name: | | | First Name: | | | | MI: |
| Date of Birth: | | | Age: | | Gender: | M F Transgender | |
| Race: | <div style="display: flex; justify-content: space-between;"> White Black American Indian Asian or Pacific Islander Native Hawaiian </div> | | | | | | |
| Ethnicity: | <div style="display: flex; justify-content: space-between;"> Hispanic Non-Hispanic </div> | | | | | | |
| Marital Status: | <div style="display: flex; justify-content: space-between;"> Married Divorced Separated Widowed Single </div> | | | | | | |
| Children: | <div style="display: flex; justify-content: space-between;"> Yes No If yes, age(s): </div> | | | | | | |
| Address: | | | | | | | Homeless(✓): |
| City: | | | State: | | Zip: | | Email: |
| Mailing Address (if different): | | | | | | | |
| Home Phone: | | | Work Phone: | | | Cell Phone: | |
| Driver's License or State ID #: | | | | | | SS#: | |
| License Status: | <div style="display: flex; justify-content: space-between;"> Current Expired Revoked Suspended </div> | | | | | | |
| Have you previously participated in Veterans Treatment Court? | | | | <div style="display: flex; justify-content: space-between;"> Yes No </div> | | | |
| If yes, what was the disposition? | | | | | | | |
| Highest Education Completed: | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>< or = 11th</p> <p>GED</p> <p>High School Graduate</p> <p>Some Trade School</p> </div> <div style="width: 45%;"> <p>Trade School Graduate</p> <p>Some College</p> <p>College Graduate 2 Year Program</p> <p>College Graduate 4 Year Program</p> </div> <div style="width: 10%;"> <p>Some Post Graduate</p> <p>Advanced Degree</p> </div> </div> | | | | | | |
| Current Educational Status: | <div style="display: flex; justify-content: space-between;"> Not in school GED Trade school Community College College/University </div> | | | | | | |
| Are you currently employed? | <div style="display: flex; justify-content: space-between;"> Yes No </div> | | Employer: | | | | |
| | | | <div style="display: flex; justify-content: space-between;"> Full Time Part Time Other: </div> | | | | |
| Length of Residence in Hillsborough County: | | | | | Have you ever been homeless? | | <div style="display: flex; justify-content: space-between;"> Yes No </div> |
| Do you have a diagnosis of the following? | Alcohol Abuse | | Anxiety | | Depression | | PTSD |
| | <div style="display: flex; justify-content: space-between;"> Yes No </div> | <div style="display: flex; justify-content: space-between;"> Yes No </div> | <div style="display: flex; justify-content: space-between;"> Yes No </div> | <div style="display: flex; justify-content: space-between;"> Yes No </div> | <div style="display: flex; justify-content: space-between;"> Yes No </div> | | |
| Do you have a history of suicide attempts? | | | | <div style="display: flex; justify-content: space-between;"> Yes No </div> | | | |
| Are you currently prescribed any of the following medications? | | | | <div style="display: flex; justify-content: space-between;"> Yes No </div> | | | |
| <i>(If yes, please check any of the drugs that apply)</i> | | | | | | | |
| Abilify | Adderal | Ambien | Flexeril | Hydrocodone | Klonopin | Lithium | |
| Mirtazapine | Morphine | Methadone | Oxycodone | Provigil | Prozac | Ritalin | |
| Seroquel | Soma | Suboxone | Temazepam | Tramadol | Trazodone | Valium | |
| Xanax | Zoloft | Other drugs: | | | | | |
| Drugs of choice category: <i>Please indicate through numbering the following: Primary (1), Secondary (2), Tertiary (3)</i> | | | | | | | |
| Acid/LSD | Alcohol | Benzodiazepine | Cocaine | Ecstasy/MDMA/Molly | | | |
| Heroin | Inhalants | K2/Synthetic Marijuana | Marijuana | Methamphetamine | | | |
| Opiates | PCP | Prescription Medications | Steroids | Tobacco Dependence | | | |
| Suboxone | Soma | Methadone | Tramadol | Other: | | | |
| Age began using drugs? | | | Age began using alcohol? | | | | |
| Associated with support group(s)? | | | <div style="display: flex; justify-content: space-between;"> Yes No </div> | | Name of group(s) | | |

| | | | | | |
|---|---------------------------------|---|-----------|-----------------------------------|---------------|
| Do you have a Military service-related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem? | | | | Yes | No |
| If yes, describe: | | | | | |
| Prior Diagnosis/Treatment (when and where): | | | | | |
| Supporting Documentation (describe and attach): | | | | | |
| Medical Insurance Status: | Medicare | | TRICARE | | TRICARE Prime |
| | Hillsborough County Health Care | | Uninsured | | |
| | Private Provider: | | | | |
| Are you receiving VA benefits? | | Yes | No | Disability Rating (%): | |
| Do you have a VA caseworker? | | Yes | No | Caseworker Name: | |
| | | | | Caseworker Phone: | |
| | | | | Caseworker Email: | |
| MILITARY SERVICE | | | | | |
| Branch of Service: | | | | Entry Date(s): | |
| Discharge Type(s): | | | | Discharge Date(s): | |
| Military Occupational Specialties: | | | | | |
| Rank at Discharge: | | | | | |
| Combat Deployments: | | <i>Select the Combat Zone(s) and Add Deployment Dates Below</i> | | | |
| Vietnam | | | | | |
| DS/DS | | | | | |
| OEF | | | | | |
| OIF | | | | | |
| OND | | | | | |
| Contingency: | Grenada | Panama | Somalia | Haiti | Bosnia Kosovo |
| Are you currently involved in another Problem-Solving Court in this circuit? | | | | Yes | No |
| Emergency Contact Name: | | | | Emergency Contact Phone #: | |
| Emergency Contact Email: | | | | Relationship: | |
| If primary social contact is different than emergency contact, please add their name, phone number and email. | | | | | |
| Do you currently have contact with primary family members?: | | | | Yes | No |

| |
|---|
| MITIGATION / ADDITIONAL INFORMATION (describe and attach): |
| |

Current Charge(s): _____

Attorney's Name: _____ **Attorney's Phone Number:** (____) ____ - _____

Attorney's Email: _____

DEFENDANT'S APPLICATION AGREEMENT

Date: _____

Case Number(s): _____

Last Name: _____

First Name: _____ MI: _____

I, _____, hereby consent to the release and exchange of the information provided herein to the participating agencies of the Veterans Treatment Court ("VTC") for purposes of determining eligibility for the VTC program.

I further consent to the exchange and release of information that could otherwise be deemed confidential, including but not limited to information about my diagnosis, psychological evaluations/reports, diagnostic screening/reports/records, psychiatric evaluation/progress notes, mental health evaluations and recommendations, medical history, treatment and medications, drug/alcohol assessments, progress notes/month status reports, and arrest/prior criminal record.

I understand and agree that the exchange of such information is necessary and required for me to participate in a Veterans Treatment Court program.

The participating agencies of the VTC include the presiding judge, the Administrative Office of the Court-13th Judicial Circuit, the State Attorney's Office, the Public Defender's Office, other defense counsel, the Veterans Administration, and any other individual or entity providing services to the Veterans Treatment Court or the defendant including, but not limited to Gracepoint Wellness Center, the Department of Corrections, The Elk Institute, Phoenix House, Northside Mental Health Center, ACTS, DACCO, Society of St. Vincent de Paul, and the Veterans Affairs Administration.

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), by Parts 160 and 164 of Title 45 of the Code of Federal Regulations (HIPPA), and Florida Statutes 394.4615, 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..

As required by law, any clinical records made part of the Court file shall have an accompanying Notice of Confidential Information Within Court Filing pursuant to Florida Rule of Judicial Administration 2.420(d)(2) or Motion to Determine Confidentiality of Records pursuant to Florida Rule of Judicial Administration 2.420(c)(9)(A)(vi) and (vii).

No other use or disclosure of confidential records is authorized by this agreement.

Signature of Defendant/Applicant

Date

Signature of Attorney

Date

Name of Attorney (Please Print)

The Veterans Treatment Court and its members do not discriminate against qualified applicants on the basis of race, color, religion, gender, age, sexual orientation, national origin, marital status, disability or veteran status, or as otherwise prohibited by federal, state or local law.