

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 September 16, 2019)

Thirteenth Judicial Circuit • 800 E. Twiggs St. Tampa, FL 33602 • www.fljud13.org

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:		White Black American Indian		Asian or Pacific Islander		Native Hawaiian	
Ethnicity:		Hispanic Non-Hispanic					
Marital Status:		Married Divorced Separated		Widowed		Single	
Children:		Yes No		If yes, age(s):			
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:		Current Expired		Revoked		Suspended	
Have you previously participated in Veterans Treatment Court?				Yes		No	
If yes, what was the disposition?							
Highest Education Completed:		< or = 11 th GED High School Graduate Some Trade School		Trade School Graduate Some College College Graduate 2 Year Program College Graduate 4 Year Program		Some Post Graduate Advanced Degree	
Current Educational Status:		Not in school GED		Trade school Community College		College/University	
Are you currently employed?		Yes No		Employer:			
				Full Time Part Time Other:			
Length of Residence in Hillsborough County:				Have you ever been homeless?		Yes No	
Do you have a diagnosis of the following?		Alcohol Abuse		Anxiety		Depression	
		Yes No		Yes No		Yes No	
		Yes No		Yes No		Yes No	
Do you have a history of suicide attempts?				Yes		No	
Are you currently prescribed any of the following medications?				Yes		No	
<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)?		Yes No		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

Please explain your mental illness, traumatic brain injury, substance abuse disorder or psychological problem and why you believe it is military service related.					

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, COVE, Society of St. Vincent de Paul, Riverside Recovery, Steps to Recovery, Tampa Crossroads 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.