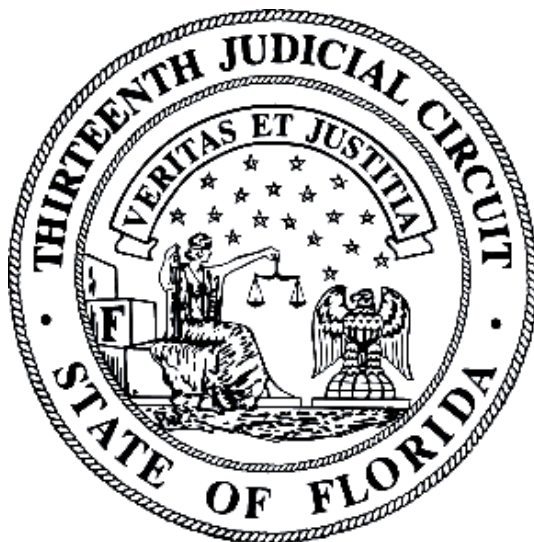


State of Florida

Thirteenth Judicial Circuit



Veterans Treatment Court Program Application

**CONFIDENTIAL INFORMATION TO BE DISCLOSED
SOLELY FOR THE PURPOSE OF APPLYING AND PARTICIPATING
IN THE VETERANS TREATMENT COURT PROGRAM**

Submit application to the Administrative Office of the Courts/Veterans Treatment Court Program:
VeteransTreatmentCourtProgramReferral@fljud13.org

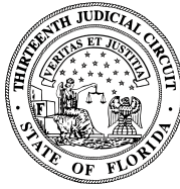
For questions, please contact the Veterans Treatment Court Program Office at (813) 307-3356

Thirteenth Judicial Circuit • 800 E. Twiggs Street, Tampa, Florida 33602 • www.fljud13.org

VETERANS TREATMENT COURT PROGRAM APPLICATION

Thirteenth Judicial Circuit

Date:		Case Number(s):	
Last Name:		First Name:	
Date of Birth:		MI:	
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 ☐ Yes ☐ No Anxiety ☐ Yes ☐ No Depression ☐ Yes ☐ No PTSD ☐ 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: Please indicate through numbering the following: Primary (1), Secondary (2), Tertiary (3)			
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)	



**ADMINISTRATIVE OFFICE OF THE COURTS
THIRTEENTH JUDICIAL CIRCUIT**

**Adult Drug Treatment Court Program Office
801 E. Twiggs Street, Room 608
Tampa, Florida 33602**

Drug Court Specialist II

Fax: 813-301-3819

AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____ **DOB:** _____
(Applicant's Full Name)

hereby authorize the Administrative Office of the Courts to communicate, receive, disclose, and exchange my information with the following individuals, offices, and agencies as necessary and appropriate in connection with my case:

**** PLEASE CHECK EACH BOX AS APPLICABLE ****

- | | |
|---|---|
| ☐ Public Defender's Office | ☐ Veterans Administration (VA Medical Records) |
| ☐ Private Attorney's Office | ☐ Salvation Army |
| ☐ State Attorney's Office | ☐ Turning Point of Tampa |
| ☐ Problem-Solving Court Staff | ☐ Department of Corrections |
| ☐ Problem-Solving Court Judge | ☐ IBIS - Cove |
| ☐ Tri County Human Services | ☐ IBIS - Gracepoint |
| ☐ Phoenix House | ☐ ACTS |
| ☐ Operation PAR | ☐ Selah Freedom |
| ☐ Westcare | ☐ Sober Solutions Counseling |
| ☐ Centerstone | ☐ First Step of Sarasota |
| ☐ Riverside Recovery | ☐ Other: _____ |
| ☐ Naphcare (HCJ Medical Records) | |

Purpose for the Disclosure: To assist me in completing requirements for the offices, agencies, and treatment providers designated above and successfully completing drug offender probation including requirements of the problem-solving court.

To communicate, receive, disclose, and exchange the following information as necessary and appropriate in connection with my case:

- ☐ All my substance abuse and mental health treatment records
☐ All my medication administration records

Information may be disclosed by the following methods: verbal, mail, fax, and encrypted email, unless otherwise specified below:

I understand that my records are protected under the Federal and State regulations governing the confidentiality and privacy of medical records and protected alcohol and drug abuse health information under 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R., Parts 160 and 164 and cannot be disclosed without my written authorization unless otherwise provided for by the regulations. I understand that I have a right to request a copy of this form.

I also understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this authorization expires automatically after one year, unless otherwise stated below:

Date, event, or condition of expiration: Upon Case Closure

Executed this _____ day of _____, 20 _____.

Signature of Applicant: _____

Signature of Witness: _____

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.