



HAYS COUNTY VETERANS TREATMENT COURT

County Court at Law, No 2
712 S. Stagecoach Trl. #2292
San Marcos, TX 78666
512-878-6677

Veterans Court Application Steps & Instructions

1. The Veterans Treatment Court (VTC) is aware of your/your client's Veteran/military status, and it appears that you/your client may be qualified to apply for the privilege of entering this pre-trial diversion program.
2. **Eligibility:**
 - a. Before completing the attached forms be sure that your/your client's charge is a:
 - 1) Class A or B Misdemeanor
 - 2) A felony that has the potential to be downgraded to a misdemeanor and **that has been approved by the DA's office to apply for VTC**
 - b. Client must identify whether they were previously in a VTC program
3. **Application Forms:** The Attached forms are provided for you/your client to complete once the decision has been made to apply. The Participant Contract and Participant Agreement in particular delineate the expectations for participation in and successful completion of Veterans Court. (These forms can also be downloaded from Hays County Government Web Site: <http://www.co.hays.tx.us/veterans-court.aspx>)

Fully complete and return as soon as possible the following:

- a. VTC Attorney Client Permission
 - b. Veteran's Initial Screening Sheet
 - c. VTC Application
 - d. Consent for release of Info (3): VTC Team, VA, and DOD Providers (Active Duty only)
 - e. VA Form 10-5345 - Release of Information (ROI)
 - f. Participant Contract
 - g. Participant Agreement
4. **Intake Process:** The Intake process prior to entering VTC has 5 important steps. Steps b-d below require that client meet directly with court staff.
(Pending hearing date(s) will be reset to allow for adequate time to complete the intake process)
 - a. The DA will authorize the case to be reviewed and potentially resolved through VTC
 - b. An Intake Assessment will be scheduled and conducted by the VTC Case Manager with the Veteran after application is received. This assessment is used to determine whether the court program is an appropriate treatment option and can provide adequate services to meet the applicant's needs. Deeply personal and sensitive client history may come up during this interview - attendance is therefore limited to VTC staff and the applicant only. Confidentiality issues will be thoroughly explained prior to the start of this interview.
 - c. The VTC Defense attorney will meet with client and clarify and confirm the Participant Contract and Participant Agreement. (Retained attorney will have already gone over these documents with client and can be present at this meeting if they wish – Attorneys must indicate whether they will attend this briefing on the Attorney/Client Permission form. This meeting will often take place on the same day as the Psychosocial Assessment)
 - d. Client will meet with a VTC Screening Panel (VTC Coordinator, Probation Officer, Mentor Coordinator, and VA Representative) to formally request entrance into and commit to the VTC program. The following will be addressed at that time:

- 1) Why client is requesting and justified to enter the VTC
 - 2) Both staff and client's program expectations
 - 3) Potential obstacles to program completion
 - 4) Staff and client's questions and concerns
 - e. Case will be presented to and discussed with VTC team and Judge for final approval.
 - f. A probation supervision fee of \$60.00 and 1-time drug testing fee of \$25.00 totaling \$85.00 must be paid in advance by money order to the VTC Coordinator or Program Manager to be placed in your account once your case is filed. This payment must be received prior to your actual Plea/entrance into VTC.
5. **Disqualification:** Applicants can be disqualified from VTC entrance at any time during the Intake Process. Appropriateness and acceptance is based on the following:
- a. Nature and circumstance(s) of the offense(s)
 - b. Criminal History
 - c. Mental health and Substance use history
 - d. Participant motivation for treatment/services
 - e. Participant ability to meet program requirements
 - f. Our ability to effectively address the participant's needs
 - g. Potential conflicts with other legal/civil requirements
 - h. Nature of military discharge and characterization of military service
6. **Plea Hearing:** A plea hearing will be set and you/your client must plead guilty to applicable charges. The VTC Defense Attorney will be assigned as Defense Counsel at that time also.
7. **Psychological/Substance Use Assessment:** Shortly after program start you/your client will be scheduled for a required Psychological and Substance Use Assessment that will be used to develop appropriate treatment options which will start ASAP after Plea Hearing.
8. **Criminal Record Expunction:** Record Expunction will be initiated by the VTC Attorney upon successful graduation at no cost to you.
9. **Removal:** Unsuccessful program completion will result in the case being returned to the referring court and handled through normal procedures with Guilty Plea intact.
10. For any questions please contact the undersigned at (512) 878-6677.

GERALD I RAMCHARAN
Veterans Treatment Court Manager
712 S. Stagecoach Trail
San Marcos, TX 78666



This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families.

For more information, visit: www.tvc.texas.gov



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ATTORNEY AND CLIENT PERMISSION
Authorizing Court Staff to Interview and Determine Veteran Eligibility

I, _____, DOB: _____,
(Client's Printed Name)

Last 4 of SSN: _____, Represented by attorney _____,
(Attorney's Printed Name)

hereby give my consent and approval for the staff (to include defense attorney of said court) of the Veterans Treatment Court Program (hereinafter called "VTC") to meet with and interview me for the purpose of determining eligibility and enrollment status for VTC provider services, eligibility for VTC participation, as well as the mental health treatment and support services that are needed for my case.

As attorney of record for the said _____, I give my permission and consent for said interview or interviews to be conducted by the VTC staff with my client.

VTC service provider eligibility and enrollment services, as well as treatment and support services, may include the following information and referral services to governmental, private, community based or non-profit providers:

Enrollment in the VTC program; Enrollment in the Veterans Administration (VA) Health Care network; Enrollment in the Center for Health Care Services, and its affiliated programs; Case Management; Access to continued or new treatment by a mental health provider; Housing; Transportation; Food; Clothing; Emergency Financial Aid (utility assistance); Employment; Community Voice Mail; Support Groups; Twelve-Step Programs; Community Service Participation Programs; Educational Institutions; Veterans Service Organizations; VA-coordinated Mentoring Programs; Advocacy including Family unification.

As the client listed above, I understand that in order for the Veterans Treatment Court to provide these services, the Veterans Treatment Court will need to secure Releases of Information and Consent to Participate forms from me, and I agree to review and if acceptable, to execute same.

As attorney of record for the listed client above, I also understand the need for said Releases and Consents to be obtained from my client in order for the VTC to provide needed services, and

_____ I **will** participate in the meeting where my client will be presented with these forms.

_____ I **will not** participate in the meeting where my client will be presented with these forms; however, I give my consent and permission for the VTC staff and VTC Attorney to meet with my client without my being present at said meeting.

_____ I **will not** participate in the meeting where my client will be presented with these forms and **do not** give my consent or permission for the VTC staff to meet with my client without my being present.

Attorney at Law

State Bar No

Client/Applicant

Date

Phone#

Date

Veterans Court Initial Screening Sheet

Disclosure: The following questions are asked to determine whether Veterans are eligible for the Veterans Court Diversion program. The goal is to divert eligible veteran-defendants (charged with a misdemeanor and are suffering with a mental diagnosis) from traditional or other specialty courts to a specialized criminal court docket specifically created for them.

Part I

Name: _____ Gender: M F Ethnicity: _____ Date of Birth: _____
Address: _____ City: _____ State: _____
Home Phone: _____ Cell: _____ Last 4 of SS#: _____

Part II

- Have you spent 181 days in the military? Yes No
1. Branch of service? _____ MOS: _____
2. Have you been deployed to a combat zone? Yes No If yes, how many deployments? _____
Where? _____ When? _____
3. Have you been diagnosed with PTSD, TBI or other mental disorder resulting from military service?
Yes No
4. What is your current status? Active Duty Reserves Retired Veteran Status
5. Type of Discharge: Honorable General, Under Honorable Conditions
Other than Honorable Discharge (OTH) Bad Conduct Discharge (BCD) Dishonorable (DD)
6. Are you pending separation: Yes No N/A
7. If so, give reason for separation: _____

Part III

1. Criminal History: _____
_____.
2. Date of Current Offense: _____ Attorney's Name: _____ Ph: _____
3. Briefly explained what happened: _____

_____.

Date: _____



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VETERANS TREATMENT COURT (VTC) APPLICATION

Please submit completed application with copy of **DD-214** to the Hays VTC Court Coordinator by email: shaun.mosqueda@co.hays.tx.us or in person at the County Court-at-Law office. You may call 512-878-6677 for further information.

SID#: _____

Name: _____ **Sex:** ☐ M ☐ F **Age:** _____ **DOB:** _____

DL #: _____ **SSN:** _____ **Phone:** _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow(er) **No. Children:** _____

No. children in Home: _____

Race/Ethnicity: ☐ Native/Alaskan ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino

☐ Hawaiian/Pac Island ☐ White ☐ Other _____

Housing Status: ☐ No Housing/Homeless ☐ Emergency/Shelter ☐ Transitional/Halfway House ☐ Permanent

Address: _____ **County:** _____

Email Address: _____

Emergency Contact: _____ **Phone:** _____

Employment Status: ☐ Employed ☐ Unemployed but Supported (Retirement/Disability/Family) ☐ Unemployed

Employer: _____ **Phone:** _____

Education: ☐ Less-than HS ☐ HS/GED ☐ Associate's Degree/Some College ☐ Bachelor's Degree/Higher

Current School: _____

Military Status/Info:

Active Duty: ☐ Yes ☐ No **Branch:** ☐ USA ☐ USMC ☐ USN ☐ USAF ☐ ☐ Reserve ☐ Guard

E/O Grade: _____ **Specialty:** _____

Service Dates: _____ **Discharge/ETS Date:** _____

Type of Discharge: ☐ Hon ☐ GEN ☐ Other Than Hon ☐ Dishonorable ☐ Other: _____

Weapons in the Home: ☐ Yes ☐ No

Enter Deployment/Hazardous Duty Deployments and Dates: _____

Applicant has been treated for: ☐ PTSD ☐ TBI # _____ ☐ Substance Abuse ☐ Mental Health ☐ Combat Wound

Attended a previous VTC program: ☐ Yes ☐ No **Where:** _____

Applicant Narrative: Please explain in your own words how you believe your experiences during military service contributed to the behavior resulting in this arrest. Also, please indicate what you hope to gain from the program and what the Court can expect of you. (Use back of paper if needed.)

Attorney/Case Info:

Attorney Name: _____ Phone: _____

Attorney Email Address: _____

Current Cause/Case No.	Date of Arrest	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Does the Defendant have any other pending cases or charges? ☐ Yes ☐ No

If Yes, Charge and Jurisdiction: _____

2. Does the Defendant have any outstanding holds or warrants from any other jurisdiction? ☐ Yes ☐ No
(Include Immigration matters.)

If Yes, Charge and Jurisdiction: _____

3. Does the Defendant have any other pending cases or charges? ☐ Yes ☐ No

If Yes, Charge and Jurisdiction: _____

4. Is Defendant currently on Community Supervision/Probation in another jurisdiction? ☐ Yes ☐ No

If Yes, name Jurisdiction & offense: _____

Participation in this program could affect your immigration status and options. Your defense attorney is required to give you detailed information about the immigration consequences of participating in this program. Whether you have a green card or not, consult your attorney for this advice.

I am capable of understanding the requirements for the Veterans Treatment Court, and the requirements have been fully explained to me by my attorney. **(Attach DD-214 to this Application)**

Applicant Signature: _____ **Date:** _____

Does the attorney grant consent for the Veterans Court Manager to meet with applicant for assessment, referral(s) and explanation of program prior to being accepted into the Veterans Court? ☐ Yes ☐ No

Attorney Signature: _____ **Date:** _____

For County Attorney/Staff Use Only

Reviewed By: _____ Date: _____

☐ Approved ☐ Denied Reason: _____



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**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO
DEPARTMENT OF DEFENSE TREATMENT PROVIDERS**

(For Active Duty only)

1. I, _____ authorize
(Participant Name)

Hays County Veterans Treatment Court (VTC) Program staff

on a need to know basis only, to disclose to and consult with: behavioral health, substance abuse,
and other Department of Defense treatment providers and contractors, the following information
for the purpose of verifying the completion of VTC program requirements:

- a. My status in the Veterans Treatment Court
- b. Known or disclosed history of substance abuse
- c. My arrest history
- d. Assessment results relevant to my treatment with these providers

2. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

3. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent **expires automatically** as follows:

Upon completion of, or release from the Veterans Treatment Court.

(One year from date below unless otherwise specified)

Date: _____

Signature of Client

VTC Staff Signature



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**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO
THE TREATMENT COURT TEAM AND PROVIDERS**

1. I understand that the Veterans Treatment Court is a treatment court and in accordance with standard practice, information about me will be shared among various members of the treatment court team.
2. Information is shared both by email and verbally, both before and during pre-court staffing. Information shared may include psychological and substance abuse assessments, participation in court-ordered treatment, urinalysis results and other information relevant to my compliance with Veterans Court requirements.
3. The purpose of sharing information is to assist all members of the team in developing a clear and accurate understanding of my treatment and legal needs, as well as my progress toward meeting requirements of the Court.
4. I, _____ authorize

Hays County Veterans Treatment Court staff

to disclose information described above to staff members representing the: Veterans Administration, District Attorney's Office, Adult Probation Office, Pretrial Services, Austin Veterans Center, and appropriate community treatment providers (such as Hill Country, Grace After Fire, Hope for Heroes Program, Austin Recovery, and others).

5. I understand that any records related to substance abuse and treatment are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my signing this written consent unless otherwise provided for in the regulations. I also understand this consent expires automatically 90 days after my discharge from the Veterans Treatment Court program.

Date: _____

Signature of Client

VTC Staff Signature



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**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO THE
VETERANS ADMINISTRATION**

1. I, _____ authorize
(Participant Name)

Hays County Veterans Treatment Court Program staff

to disclose to: **the Veterans Administration** the following information:

- a. My status in the Veterans Treatment Court
- b. Known or disclosed history of substance abuse
- c. My arrest history
- d. Assessment results relevant to my treatment with the VA

2. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

3. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent **expires automatically** as follows:

Upon completion of, or release from the Veterans Treatment Court Program.

(One year from date below unless otherwise specified)

Date: _____

Signature of Client

VTC Staff Signature

Items to Complete on VA ROI Form:

1. Patient Name
2. Social Security No
3. Initial the (2) Boxes under heading: VETERAN'S REQUEST
 - a. Drug Abuse
 - b. Alcoholism or Alcohol Abuse
4. Initial the (1) Box under heading: INFORMATION REQUESTED
 - a. Other
5. Date
6. Signature of patient

**REQUEST FOR AND AUTHORIZATION TO
RELEASE HEALTH INFORMATION**

PRIVACY ACT AND PAPER WORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Address of VA Health Care Facility)

LAST NAME- FIRST NAME- MIDDLE INITIAL

LAST 4 SSN

DATE OF BIRTH

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

PURPOSE(S) OR NEED: Information is to be used by the individual for:

☐ TREATMENT ☐ BENEFITS ☐ LEGAL ☐ EMPLOYMENT ☐ OTHER (Please specify) _____

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

☐ HEALTH SUMMARY (Prior 2 Years)

☐ INPATIENT DISCHARGE SUMMARY (Dates): _____

☐ PROGRESS NOTES:

☐ SPECIFIC CLINICS (Name & Date Range): _____

☐ SPECIFIC PROVIDERS (Name & Date Range): _____

☐ DATE RANGE: _____

☐ OPERATIVE/CLINICAL PROCEDURES (Name & Date): _____

☐ LAB RESULTS:

☐ SPECIFIC TESTS (Name & Date): _____

☐ DATE RANGE: _____

☐ RADIOLOGY REPORTS (Name & Date): _____

☐ LIST OF ACTIVE MEDICATIONS: _____

☐ FLU VACCINATION (Dose, Lot Number, Date & Location): _____

☐ OTHER (Describe): _____

LAST NAME- FIRST NAME- MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH
SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT. I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> SICKLE CELL ANEMIA </div> <div style="margin-top: 10px;"> <input type="checkbox"/> HUMAN IMMUNODEFICIENCY VIRUS (<i>HIV</i>) </div> <p style="font-size: small; margin-top: 10px;">I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked <u>unless</u> I indicate by checking the box below that I do not want this information released for this specific disclosure.</p> <div style="margin-top: 10px;"> <input type="checkbox"/> I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization. </div>		
<p>AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.</p> <p style="font-size: small; margin-top: 10px;">I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>		
<p>EXPIRATION: Without my express revocation, the authorization will automatically expire.</p> <div style="margin-top: 10px;"> <input type="checkbox"/> AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED <input type="checkbox"/> ON _____ (<i>enter a future date other than date signed by patient</i>) <input type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): _____ </div>		
PATIENT SIGNATURE (<i>Sign in ink</i>)		DATE (<i>mm/dd/yyyy</i>)
LEGAL REPRESENTATIVE SIGNATURE (<i>if applicable</i>) (<i>Sign in ink</i>)		DATE (<i>mm/dd/yyyy</i>)
PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT	
FOR VA USE ONLY		
TYPE AND EXTENT OF MATERIAL RELEASED		
DATE RELEASED	RELEASED BY:	

understand that all court, restitution, probation and program associated therapist and required training fees that I owe must be paid prior to my graduation from VTC.

e. _____ I agree to report to the VTC in person or via remote video/audio as directed by VTC staff and the CSCD.

f. _____ I agree to avoid injurious and vicious habits, specifically, never use alcoholic beverages, non-medically prescribed medications or drugs, controlled substances or any substance or chemical capable of or calculated to cause intoxication, and never to become intoxicated.

g. _____ I agree to avoid places where narcotic drugs, marijuana and controlled substances are present, sold or used, and where alcoholic beverages are sold, except for bona fide eating places and will not associate with persons who possess, sell, or use narcotic drugs, marijuana, or controlled substances. I will never enter, remain or be present on the premises of a licensed alcoholic beverage vendor except where the business's primary operation is a grocer, restaurant, or for VTC approved employment.

h. _____ I agree not to associate with persons who possess, sell, or use narcotic drugs, marijuana, or controlled substances; and to not associate with persons who have been convicted of a felony.

i. _____ I agree to remain suitably employed as far as possible. Should I become unemployed during the term of this contract, I will register with the Texas Workforce Commission.

j. _____ I agree to permit the CSO and VTC team members to visit me at my home, place of employment, residence and/or elsewhere and answer all questions.

k. _____ I understand that I will have at least two (2) required home visits by VTC staff: once within the first 45 days of program entry, and once just prior to or after promotion to Phase 3. Home visits will also be required as soon as possible after changing my residence. These visits confirm my current home address, living situation, compliance with court directives, and ensure that the VTC knows where and how to get to my home in case of emergency to provide assistance to me and/or my family.

l. _____ I agree to notify the CSO and VTC PM/Coordinator as soon as possible of my intent to change address prior to doing so and again within twenty-four hours of any actual change in residence and provide the address location.

m. _____ I agree not to relocate outside of my county of residence without explicit permission of the VTC Team and CSO. Furthermore, I may not be outside my county of residence more than twenty-four hours without explicit permission from the VTC Judge through the CSO and VTC PM/Coordinator. The following counties (if listed) are approved for regular travel to and through without further notice unless instructed otherwise by VTC staff:

n. _____ I agree to submit to urine/blood/breath/saliva and/or hair analysis, for the detection of illegal drugs, prescription medications and/or alcohol at the direction of the VTC team and/or CSO, paying any required fees to the CSCD including but not limited to an initial \$25.00 fee.

o. _____ I will report any medications prescribed to me to the court and take said medication as prescribed.

p. _____ I agree to complete community service hours, time TBD, for an organization approved by the VTC Judge and designated by the CSCD as directed or if required as a sanction because of non-compliance with program directives.

q. _____ I agree to choose (with court approval), and complete a community service project prior to my graduation. I will choose a project based on my interests and abilities that will benefit my local community and report the intended project in court during Phase 1 of my enrollment. The Project will be completed, verified, and reported in court during Phase 2/3 prior to my graduation. The report will include:

What I chose to do and why, the effect/benefit to the community, and what benefit I got out of the project. Project examples include volunteering at a VFW or Soldier's Home, teaching a specialized class to youth, cleaning a local park, assisting a local Food Bank, etc.

r. _____ I agree to install a TX DPS approved Deep Lung Device on the motor vehicle I most regularly operate, for a period of time TBD and as directed by the VTC, paying all costs incurred and to never operate a motor vehicle without such device if so ordered by the court.

s. _____ I understand I will be required to install a Drug Patch, SCRAM ankle monitor and/or alcohol detecting breath-monitoring device at the start of my VTC program for a probationary period based on treatment evaluation and/or the nature of my offense as determined by the VTC Team. I also understand that I may be ordered to install any of the same devices at any time after the probationary period based on my program compliance, need for assistance with sobriety, and as directed by the VTC Judge. I agree to follow all rules of use of these devices and agree to pay all costs if required or ordered.

t. _____ I understand that a comprehensive action plan will be developed with my input by the VTC team. This plan is designed to address the reason(s) for my referring charge(s), designate needed substance abuse, mental health and other related treatment and education identified through assessment, protect public safety, and prevent future involvement with the justice system.

u. _____ I agree to participate in and complete any rehabilitative programs as directed by the VTC team. I will submit to, participate and engage in all behavioral health, and drug and alcohol treatment and education programs up to and including residential treatment at the direction of the VTC Team and CSO until satisfactorily discharged from the respective program or therapy. I will provide verification of program completion as needed, and pay any costs if required.

v. _____ I agree to attend all meetings with rehabilitative treatment providers including the Veterans Administration, following all treatment guidelines, rules and instructions as required and provide verification of my attendance to the VTC team and CSO.

w. _____ I understand that if I fail to appear for a scheduled treatment appointment without prior arrangements being made with the provider I will be charged and responsible for paying the provider's appointment "No-Show" fee.

x. _____ I will complete a VTC Panel meeting prior to or at the time of promotion to Phase 3. This Panel will include the VTC PM, Case Manager, and CSO at a minimum and will review progress and planning for successful program graduation. This meeting may coincide with or be replaced by the VTC Team meeting described in Item z below.

y. _____ I will complete a Relapse/Recidivism Prevention Plan with my designated treatment provider and present the completed plan to the VTC team as directed. This plan is a requirement for graduation and must be presented as many times as necessary to the satisfaction of the VTC Team.

z. _____ I will attend, in person or remotely, a minimum of two (2) VTC team meetings with staff at or near promotion to Phase 3 (program midpoint) and prior to Graduation. These meetings are to review progress and planning for program success, aftercare and to present the Relapse/Recidivism Prevention Plan required for graduation. The VTC Team may require me to attend other meetings as necessary for intervention.

3. Acknowledgment and Understanding:

a. I acknowledge that I have read and understand my responsibilities/conditions and listed duties.

b. I voluntarily agree to abide by each and every condition in this contract and all program rules as outlined in the VTC Agreement of Participation.

c. I understand my participation in the VTC Program is voluntary and I may remove myself from the program at any time without cause. I understand if I do not successfully complete the VTC Program or comply with the conditions of this agreement, the VTC may modify my treatment program or a hearing may be scheduled which may result in termination from the program resulting in a new sentencing hearing.

d. I hereby understand and agree, if I successfully complete the VTC Program per Health & Safety Code 617.001(b), the case filed against me will be dismissed and I will be able to file for an expunction upon the dismissal of the case.

e. After reviewing this contract, I voluntarily request entry into the VTC Program. I understand that entry into the program requires I plead guilty to my criminal offense(s) and that said guilty plea would apply to any future hearings if I do not successfully graduate from the VTC Program.

Participant Date

Participant's Attorney Date

Assistant District Attorney Date

Judge Date



HAYS COUNTY VETERANS TREATMENT COURT

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PARTICIPATION AGREEMENT

Participant: _____ DOB: _____ Cause: _____

If accepted for enrollment into the Hays County Veterans Treatment Court (VTC) program, I hereby agree to the following stipulations:

1. **Honesty:** I agree to be honest with the VTC Team, and I understand that information I disclose about the offense I am charged with committing and/or information about my mental health and/or my alcohol and drug use will not be used against me in future prosecutions or punishment hearings. I also understand that my acceptance into VTC based on false information that I provide is grounds for my immediate removal from the program.

2. **Strategic Action Plan:** I will attend, participate in, and complete all treatment and counseling ordered by the Judge as a condition of my bond, to include but not limited to detoxification, residential treatment, inpatient treatment, outpatient treatment, aftercare and relapse prevention treatment, counseling, support group attendance, cognitive behavioral classes, and any supplementary treatment, counseling or education considered essential to attaining goals listed on my action plan. I understand that depending upon my income, I may be responsible for some or all treatment costs.

3. **Abstinence from Alcohol and Drugs:** I agree that I will not possess and/or use alcohol and illegal drugs. I will use prescription medication only as prescribed for me by a physician. I further agree to inform any treating physician or dentist of my substance abuse dependency, and that I should not take any narcotic or addictive medications or drugs and should request non-narcotic alternatives. Furthermore, if a treating physician determines that narcotic or addictive medications or drugs are necessary, I must disclose this to my treatment provider(s) and Veterans Court case manager. The Veterans Court Team will determine my continued program participation. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contain no alcohol. I will list any and all over the counter and prescription medication names to my treatment provider and probation officer prior to submitting to any drug or alcohol screens. I further agree to submit to frequent and random testing for the presence of alcohol and drugs as directed by the Judge, and to pay any required fees for testing.

4. **Disputing positive screening test results:** I understand that I may dispute positive test results, but that I will be responsible for payment in advance for the drug testing confirmation costs. If positive drug use is confirmed, the sanction will be more stringent than if I had been honest about having used alcohol or drugs.

5. **Commit No New Offenses:** I will not violate laws, and understand that any violation or arrest must be reported to the Judge within 48 hours. I understand that an arrest or citation for a criminal offense that occurs during the course of the program will be considered a violation of program rules, and that the court need not await disposition of new criminal offenses before implementing sanctions on the case already pending in Veterans court.

6. **Make All Scheduled Appearances:** I will appear or report as scheduled to Veterans Court proceedings, hearings, treatment, counseling sessions and meetings with case manager(s). I will arrange for my own transportation and understand that lack of transportation is not an excuse for missing any scheduled event.

7. **Maintain Employment and/or Education:** I will maintain appropriate full time employment or full time status as a student, or will attend any education or job training programs to which I am referred. I will report any change in status to the Judge within 48 hours.

8. **Housing:** I will maintain stable housing considered appropriate by the Veterans Court Team for my recovery.

9. **Payment of Fees:** I agree to pay all Court ordered financial obligations. I understand that I am responsible for paying “No-Show” fees to treatment providers should I fail to appear for a scheduled appointment without making prior arrangements with the provider according to the provider’s policy for rescheduling or cancelling appointments.

10. **Field Visits:** I understand that Veterans Court case manager(s) and/or other Veterans Court personnel may conduct field visits to my residence, place of employment and other areas I may inhabit or frequent. I understand that as a program participant I may be subject to periodic home visits by court personnel which may be either be announced ahead of time or unannounced. For the purpose of home visits, I agree to waive any Fourth Amendment Search and Seizure claims, and I agree to cooperate fully with court personnel in the event that a home visit is conducted. I understand that failure to fully cooperate with a home visit will be considered a violation of program rules and will make me subject to potential sanctions.

11. **Appropriate Behavior:** I agree to respect the opinions and feelings of other program participants and understand that verbal or physical threats or abuse will not be tolerated.

12. **Respect for the Court:** I will use appropriate language in court, such as addressing the Judge by saying “Yes your Honor” and “No Your Honor.” I will not lean on the court bench or use inappropriate language in court. I will not bring food, drinks, gum, tobacco or recording devices to court.

13. **Cellular Telephone or Pagers:** I agree to make sure that all cell phones and pagers are turned off while in Court, treatment, counseling, and meetings.

14. **Dress Code:** I understand and agree to dress appropriately for Court and for any meetings required while in the Veterans Court program.

15. **Disclosure of Program Information for Review:** I understand that, for the purposes of data collection or review of this program, some otherwise confidential information may be disclosed to third parties. Statistical information will not include my name, address or personal identifying information.

16. **Confidentiality of Veterans Court participation:** I understand that my enrollment in the Veterans Court Program will be a matter of public record, and that the Veterans Court proceedings are open to the public, and the rules of confidentiality do not apply there. I understand that the Veterans Court Team and other treatment providers will make reports to the Judge concerning my progress in treatment. I have signed a release of information to facilitate this exchange of information. I agree to release information and permit communication with outside agencies to assist in fulfilling my requirements of the program. I will not disclose information regarding any other Veterans Court participants and agree to maintain their confidentiality.

17. **Travel:** I understand that I must notify court coordinators of my county/counties of residence and work upon entering the program. When travelling within Texas during the course of the program I will notify court personnel in advance of my travel plans, including the county/counties that I intend to be visiting. Before leaving the state or the country I understand that I am expected to notify court coordinators and my attorney, and that explicit permission of the court is required before leaving the state. I understand that the court must be informed of my destination, the length, and the purpose of my trip before engaging in interstate or international travel.

18. **Statute of Limitations/Speedy Trial:** I understand that by entering the Veterans court program I am waiving any future claims regarding speedy trial or statute of limitations issues on the case or cases under which I am being accepted into the court. I understand that I will not be permitted to raise objections pertaining to timeliness or speedy trial on cases which have remained pending pursuant to admission in the Veterans court program.

19. **Sanctions:** I understand that I must abide by the conditions ordered by the Judge of the Veterans Court including my individual treatment plan. Failure to comply may result in sanctions including, but not limited to, admonishment, verbal reports, written reports, increased drug/alcohol testing, increased treatment requirements, jail time or involuntary termination from the program.

Participant's Signature

Date

Judge's Signature

Date