**VETERANS TREATMENT AND MENTAL HEALTH DOCKET**

**FELONY PRE-TRIAL INTERVENTION PROGRAM APPLICATION**

(VT/MH PTIP)

**I. Information**

*Defendant’s Name:*

*Defense Counsel Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Cause Number(s):*

*Case(s) assigned to:* 🞏 108th District Court 🞏 251st District Court 🞏 47th District Court  320th District Court  181st District Court

*Type of Case:*

🞏 Possession of a Controlled Substance

🞏 Driving While Intoxicated – 3rd or more

🞏 Evading Arrest in Vehicle

🞏 Theft – 2 or more prior convictions

🞏 Criminal Mischief

🞏 Burglary of Building

🞏 Burglary of Vehicle – 2nd

🞏 Felony Assault

🞏 Other:

The following offenses are not eligible for VT/MH PTIP (Other offenses may be ineligible as well depending on facts involved):

Delivery of Controlled Substances

Any Sexual Offense

Murder

Child Pornography Offenses

I certify that the following documentation is provided for the following offenses:

🞏 Any Theft Offense:

Must attempt to obtain and provide any restitution information available at the time of application. Shoplifting Defendants must provide proof of payment of the ‘civil penalty’ fee or attempts made to ascertain the amount of the ‘civil penalty’ fee.

🞏 Any Weapons-Related Offense:

Must provide a signed “Motion to Forfeit Weapon” provided by the District Attorney’s office.

*I certify that the above-listed information is true and correct and all proper documentation has been provided in the application.*

*Signature Date Email Address*

**II. The Program**

The Potter County Veterans Treatment and Mental Health Docket Pre-Trial intervention Program (VT/MH PTIP) is an alternative to prosecution offered by the 47th Judicial District Attorney’s Office and Veterans Treatment and Mental Health Docket program which seeks to divert certain offenders from traditional criminal justice processing into a program of supervision and services administered by the Potter County Community Supervision and Corrections Department (Adult Probation) that may include cooperation with public agencies and community organizations, including the United States Department of Veterans Affairs.

Participants of the VT/MH PTIP will enter into a binding contract with the District Attorney’s Office. The contract outlines that participants who successfully complete the PTIP will not have prosecution instituted against them for the offense or will have the charge against them dismissed; participants who do not successfully complete the PTIP will:

1. enter pleas of “guilty” to the offenses;
2. allow the Agreement for Pre-Trial Intervention and all documentation obtained from the Defendant during the course of the PTIP to be entered into evidence by the District Attorney’s Office without objection.

**III. Principles of Operation**

Veterans Treatment and Mental Health Docket Pre-Trial Interventions are an exercise of prosecutorial discretion according to standardized guidelines. These guidelines attempt to identify persons charged with criminal offenses who are 1. veterans or current members of the United States armed forces (including members of the reserves, national guard, or state guard) that suffer from a brain injury, mental illness, or mental disorder resulting from military sexual assault, or military service that materially affected the defendant's criminal conduct at issue in the charged criminal case or 2) defendants who suffer from a mental disability/illness or traumatic brain injury which materially affected the defendant’s criminal conduct at issue in the charged criminal case.

The exercise of prosecutorial discretion centers on determining whether an offender’s criminal activity is the result of mental injury, mental illness, or traumatic brain injury as well as making a determination that society and the offender will benefit from the offender receiving treatment and being diverted out of the criminal justice system. Diverting these individual offenders is one aspect of the overall effort to make criminal sanctions more appropriately fit the individual. In turn this will have the effect of freeing up prosecutorial and court resources.

Participation in the VT/MH PTIP by the Defendant is voluntary. Upon acceptance into the VT/MH PTIP, Defendants will enter into contractual agreements with the District Attorney’s Office which include voluntarily waiving certain constitutional rights. The contracts are finalized upon signatures of the prosecutors, the Defendants, the Defendants’ attorneys, and representatives from the Potter County Community Supervision and Corrections Department (CSCD).

Additionally, when Defendants are accepted into the VT/MH PTIP, the information obtained during the process will be admissible against them on the issue of guilt or innocence and punishment in any future prosecutions for the offenses. However, for Defendants not accepted into the VT/MH PTIP, any written information obtained as a result of the application will not be used against them in connection to prosecution for the offenses.

**IV. Eligibility Criteria**

The nature of the offenses and the circumstances surrounding the commission of the offenses are considerations in the decision to defer prosecution, as is the potential for harm to the community by the Defendants. Defendants’ attitudes play a role in determining eligibility. Defendants must accept full responsibility for their offenses; therefore, the Defendants’ written versions of their offenses will be important factors of acceptance into the PTIP. An application to this program does not mean automatic acceptance. In addition to the above, the following factors will be considered for eligibility into the PTIP:

For Veterans:

1. Defendants must be veterans or current members of the United States armed forces (including members of the Reserves, National Guard, or State Guard). If a veteran, the veteran cannot have a bad conduct or dishonorable discharge.
2. The Defendant must suffer from a diagnosed traumatic brain injury, mental illness, or mental disorder (including Post-Traumatic Stress Disorder) which materially affected the criminal conduct at issue.
3. Defendants cannot be accused of crimes involving theft between an employer and employee.
4. Defendants must be residents of Potter County or a contiguous county.
5. Defendants cannot be currently accused of, or have criminal convictions or deferred adjudications, for crimes involving any type of sexual activity (i.e., Prostitution, Indecent Exposure, Obscene Material Promotion, Public Lewdness, Sexual Assault, etc.).
6. Defendants cannot be accused of, or have criminal convictions or deferred adjudications involving the distribution of illegal drugs.
7. Defendants must be willing and able to pay any and all restitutions owed.

For Defendants with a Mental Disability, Mental Illness, or Traumatic Brain Injury:

1. Defendants must be previously diagnosed, or receive a diagnosis of a mental disability, mental illness, or traumatic brain injury which materially affected the criminal conduct at issue.
2. The Defendant must be willing to follow all treatment recommendations of the VT/MH PTIP which may include counselling, drug treatment, or other programs.
3. Defendants cannot be accused of crimes involving theft between an employer and employee.
4. Defendants must be residents of Potter County or a contiguous county.
5. Defendants cannot be currently accused of, or have criminal convictions or deferred adjudications, for crimes involving any type of sexual activity (i.e., Prostitution, Indecent Exposure, Obscene Material Promotion, Public Lewdness, Sexual Assault, etc.).
6. Defendants cannot be accused of, or have criminal convictions or deferred adjudications involving the distribution of illegal drugs.
7. Defendants must be willing and able to pay any and all restitutions owed.

**V. Process**

There are two categories of PTIP defendant’s which may be considered: 1. Qualified Veterans and 2. Defendants who have a diagnosed mental disability or illness.

For Veterans:

1. Defendant must submit Applications for Veterans Treatment and Mental Health Docket Pre-Trial Intervention and a VA 10-5345 from (Department of Veterans Affairs authorization to release medical records) to the 47th Judicial District Attorney’s Office in a timely manner.
2. Applications must be signed by the Defendant and notarized,
3. Applications must be submitted in person to the 47th Judicial District Attorney’s Office to be properly documented before being forwarded to the proper Veterans Treatment and Mental Health Docket Prosecutor.
4. Applications will be reviewed by the Veterans Treatment Prosecutor as well as the Veterans Treatment Staffing Committee. Adult Probation is represented within the VT/MH Staffing Committee and may require a further interview of the applicant before giving approval.
5. Applications that are tentatively approved by the VT/MH Prosecutor and Staffing Committee will then be referred to the Department of Veterans Affairs. Prosecutors will Email a tentative approval letter to the respective Attorney of Record, if any.
6. Applicants that are tentatively approved must further submit to a mental evaluation conducted (or approved) by the Department of Veterans Affairs. The findings of the mental evaluation will be reviewed by the Veterans Treatment Staffing Committee in order to determine whether the applicant is authorized to participate in VT/MH PTIP.
7. In the event that CSCD wishes to interview an applicant, VT/MH PTIP Officers will submit recommendations to the 47th Judicial District Attorney’s Office and VT/MH Staffing Committee based on case information, criminal history of Defendants, and interviews.

 a. Defendant must contact the PTIP Officer of CSCD to schedule interviews (if an interview is

 requested).

 b. Pro Se Defendant must report to the VT/MH PTIP immediately upon conclusion of the admonishment

 docket to schedule an interview (NOTE: all Defendants must have legal counsel prior to entering into a

 VT/MH PTIP contract. Arrangements may be made so that legal counsel can be provided to the VT/MH PTIP

 Defendant for the sole purpose of explaining the VT/MH PTIP agreement).

 c. Scheduled Interviews will take place at the CSCD Office or as directed.

1. The involved parties shall convene (in person) to sign the Veterans Treatment and Mental Health Docket Pre-Trial Intervention Agreements and Defendants will be responsible for payment of fees specified in the Veterans Treatment and Mental Health Docket Pre-Trial Intervention Contract. Payments can be made with cashier’s checks or money orders. Fees are non-refundable in the event a Defendant subsequently fails out of the VT/MH PTIP or facts are discovered proving Defendant was never eligible for admission to the program at the time they were approved for acceptance (i.e., criminal offenses are discovered that were not initially reported). VT/MH PTIP fees shall not be applied toward Court costs or Probation Fees when Defendants are unsuccessfully discharged from the VT/MH PTIP.
2. After the applicant is approved and has been determined to be authorized to participate in VT/MH PTIP by the Veterans Treatment and Mental Health Docket Staffing Committee, the VT/MH PTIP contract is presented to the Presiding Judge of the Court in which the applicant’s case is assigned. The Presiding Judge will hold a hearing to determine whether or not the Presiding Judge will allow the applicant to participate in VT/MH PTIP. If the Presiding Judge approves of the applicant, the Presiding Judge will sign an order indicating approval into the VT/MH PTIP. The order is prepared by the District Attorney’s office.
3. The total of VT/MH PTIP program fees will not exceed $1,000 and may be reduced or waived by Veterans Treatment and Mental Health Docket and CSCD depending on the result of a financial study. A financial study will only occur if requested and the results of that study will be considered by the Veterans Treatment and Mental Health Docket and CSCD in determining if fees are to be lowered or waived. A financial study will not necessarily result in any changes to fees. In addition, the following fees are required under the pre-trial intervention contract unless further action is taken by Veterans Treatment Court:

a. Pay a supervisory fee of sixty dollars ($60.00) to the CSCD on or before the thirtieth (30th) day after

 the date of this agreement, and each month thereafter during the term of VT/MH PTIP.

 b. Pay a ten dollar fee ($10.00) per urinalysis (UA) test.

 c. Pay costs associated with alcohol monitoring device if applicable

1. When Defendants are represented by a Court-appointed attorney prior to their acceptance into VT/MH PTIP, Defendants shall pay whatever standard “Court-Appointed Attorney Fee” the trial court applies to other cases involving Court-Appointed Attorneys. Whatever considerations the Court gives to the income of the Defendant’s ability to pay such fees in a standard criminal plea will also apply to VT/MH PTIP applicants. A court appointed defense attorney is assigned to the VT/MH PTIP and that defense attorney will be available to counsel participants in the program at no extra cost to those participants.
2. Defendants shall sign a “Judicial Confession” to the information filed in their cases and agree to have them entered without objection if the Defendant is unable to successfully complete VT/MH PTIP.
3. In the event the participating defendant violates the terms of the VT/MH PTIP contract, the participating defendant may be sanctioned. Sanctions range from verbal warnings to up to thirty (30) days in jail as an intermediary administrative sanction and can include expulsion from VT/MH PTIP. Violations of the VT/MH PTIP contract can be used to revoke the defendant’s bond and may be used as evidence in further criminal hearings and trials involving the defendant.
4. PTIP Officers will submit notifications of successful completion of the PTIP to the District Attorney’s Office.
5. Upon notifications from PTIP Officers, criminal histories of Defendants will be checked to determine if additional arrests have been made. If no new arrests have been made and if all terms of Agreements have been followed, the case will be dismissed.
6. All cases will remain active or pending during the terms of the PTIP and will be disposed only upon successful completion of PTIP or upon sentencing of Defendants following violations of the PTIP.
7. Absolutely no re-applications or re-reviews will be performed once the District Attorney’s Office or CSCD has formally denied Defendants’ applications.

For Defendants with a diagnosed mental disability, illness or traumatic brain injury

1. Defendant must submit Applications for Veterans Treatment and Mental Health Docket Pre-Trial Intervention and a HIPAA authorization to release medical records to the 47th Judicial District Attorney’s Office in a timely manner.
2. Applications must be signed by the Defendant and notarized.
3. Along with the application, the Defendant must submit documentation of a mental disability, mental illness, or traumatic brain injury that may be linked to the Defendant’s criminal conduct. Documentation can consist of, but is not limited to the following:
	1. School Records
	2. Private Psychiatric Medical Records
	3. State or other Governmental Entity Records
	4. Other Prior Diagnostic Evaluations for Mental Disability, Mental Illness, or Traumatic Brain Injury
4. Applications must be submitted in person to the 47th Judicial District Attorney’s Office to be properly documented before being forwarded to the proper Veterans Treatment and Mental Health Docket Prosecutor.
5. Applications will be reviewed by the VT/MH Prosecutor as well as the VT/MH Staffing Committee. Adult Probation is represented within the VT/MH Staffing Committee and may require a further interview of the applicant before giving approval.
6. Applications that are tentatively approved by the VT/MH Prosecutor and Staffing Committee will then be referred to the Original Prosecutor. Prosecutors will Email a tentative approval letter to the respective Attorney of Record, if any.
7. Applicants that are tentatively approved must further submit to a mental evaluation conducted (or approved) by the VT/MH Staffing Committee as needed. The Defendant’s documentation will be reviewed by the Veterans Treatment and Mental Health Docket Staffing Committee in order to determine whether the applicant is authorized to participate in VT/MH PTIP.
8. In the event that CSCD wishes to interview an applicant, VT/MH PTIP Officers will submit recommendations to the 47th Judicial District Attorney’s Office and VT/MH Staffing Committee based on case information, criminal history of Defendants, and interviews.

 a. Defendant must contact the PTIP Officer of CSCD to schedule interviews (if an interview is

 requested).

 b. Pro Se Defendant must report to the VT/MH PTIP immediately upon conclusion of the admonishment

 docket to schedule an interview (NOTE: all Defendants must have legal counsel prior to entering into a

 VT/MH PTIP contract. Arrangements may be made so that legal counsel can be provided to the VT/MH PTIP

 designated defense attorney for the sole purpose of explaining the VT/MH PTIP agreement).

 c. Scheduled Interviews will take place at the CSCD Office or as directed.

1. The involved parties shall convene (in person) to sign the Veterans Treatment and Mental Health Docket Pre-Trial Intervention Agreements and Defendants will be responsible for payment of fees specified in the Veterans Treatment and Mental Health Docket Pre-Trial Intervention Contract. Payments can be made with cashier’s checks or money orders. Fees are non-refundable in the event a Defendant subsequently fails out of the VT/MH PTIP or facts are discovered proving Defendant was never eligible for admission to the program at the time they were approved for acceptance (i.e., criminal offenses are discovered that were not initially reported). VT/MH PTIP fees shall not be applied toward Court costs or Probation Fees when Defendants are unsuccessfully discharged from the VT/MH PTIP.
2. After the applicant is approved and has been determined to be authorized to participate in VT/MH PTIP by the Veterans Treatment and Mental Health Docket Staffing Committee, the VT/MH PTIP contract is presented to the Presiding Judge of the Court in which the applicant’s case is assigned. The Presiding Judge will hold a hearing to determine whether or not the Presiding Judge will allow the applicant to participate in VT/MH PTIP. If the Presiding Judge approves of the applicant, the Presiding Judge will sign an order indicating approval into the VT/MH PTIP. The order is prepared by the District Attorney’s office.
3. The total of VT/MH PTIP program fees will not exceed $1,000 and may be reduced or waived by Veterans Treatment and Mental Health Docket and CSCD depending on the result of a financial study. A financial study will only occur if requested and the results of that study will be considered by the Veterans Treatment and Mental Health Docket and CSCD in determining if fees are to be lowered or waived. A financial study will not necessarily result in any changes to fees. In addition, the following fees are required under the pre-trial intervention contract unless further action is taken by Veterans Treatment Court:

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 c. Pay costs associated with alcohol monitoring device if applicable

1. When Defendants are represented by a Court-appointed attorney prior to their acceptance into VT/MH PTIP, Defendants shall pay whatever standard “Court-Appointed Attorney Fee” the trial court applies to other cases involving Court-Appointed Attorneys. Whatever considerations the Court gives to the income of the Defendant’s ability to pay such fees in a standard criminal plea will also apply to VT/MH PTIP applicants. A court appointed defense attorney is assigned to the VT/MH PTIP and that defense attorney will be available to counsel participants in the program at no extra cost to those participants.
2. Defendants shall sign a “Judicial Confession” to the information filed in their cases and agree to have them entered without objection if the Defendant is unable to successfully complete VT/MH PTIP.
3. In the event the participating defendant violates the terms of the VT/MH PTIP contract, the participating defendant may be sanctioned. Sanctions range from verbal warnings to up to thirty (30) days in jail as an intermediary administrative sanction and can include expulsion from VT/MH PTIP. Violations of the VT/MH PTIP contract can be used to revoke the defendants bond and may be used as evidence in further criminal hearings and trials involving the defendant.
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5. Upon notifications from PTIP Officers, criminal histories of Defendants will be checked to determine if additional arrests have been made. If no new arrests have been made and if all terms of Agreements have been followed, the case will be dismissed.
6. All cases will remain active or pending during the terms of the PTIP and will be disposed only upon successful completion of PTIP or upon sentencing of Defendants following violations of the PTIP.
7. Absolutely no re-applications or re-reviews will be performed once the District Attorney’s Office or CSCD has formally denied Defendants’ applications.

**VI. Personal Data**

*(Please Print)*

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| ***First Name*** | ***Middle Name*** | ***Last Name*** | ***Maiden Name*** |
|  |  |  |  |
| ***Nickname*** | ***Alias*** | ***Place of Birth*** | ***Date of Birth*** |
|  |  |  |  |
| ***Race*** | ***Citizenship*** | ***Marital Status*** | ***Number of Dependents*** |
|  |  |  |  |
| ***Social Security Number*** | ***Driver’s License Number or State ID*** | ***State Issuing Driver’s License*** | ***Expiration Date*** |
|  |  |  |  |
| ***Highest Education Completed*** |  |  |  |

**Physical Address**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Street Address*** |  | ***City, State, Zip*** | ***County*** |
|  |  |  |  |
| ***How long have you lived at this address?*** |  |  |

**Mailing Address**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Address*** |  | ***City, State, Zip*** | ***County*** |
|  |  |  |  |

**Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Home Phone*** | ***Cell Phone*** | ***Email Address (required)*** |  |
|  |  |  |  |

**Employment**

Employment Status (check one): 🞏 Full-time 🞏 Part-time 🞏 Not employed 🞏 Seasonal

 🞏 Student 🞏 Retired 🞏 Disabled 🞏 Homemaker

|  |  |  |  |
| --- | --- | --- | --- |
| ***Employer*** |  | ***Position or Title*** |  |
|  |  |  |  |
| ***Address*** |  | ***City, State, Zip*** | ***Work Phone*** |
|  |  |  |  |
| ***Supervisor’s Name*** |  | ***How long have you worked here?*** |
|  |  |  |  |

**Students:**

What is the name of the school you are attending?

**Unemployed:**

 How long have you been unemployed?

 When were you last employed?

**VII. Prior Contacts with the Criminal Justice System**

Prior contacts with the criminal justice system, regardless of disposition, include, but are not limited to, Juvenile Records, Adult Arrests or Citations, Out-of-State Arrests or Citations, offenses for Minor in Possession of Alcohol, Minor in Consumption of Alcohol, Public Intoxication, Class C Assault, and Possession of Drug Paraphernalia. Applications must be supplemented when contact with the Criminal Justice System occurs after applications are filed. This section does not include traffic citations.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Date of Arrest or Citation*** | ***Place of Arrest or Citation*** | ***Offense*** | ***Disposition*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**VIII. Substance Abuse History**

Are you currently on any prescription medications? 🞏 Yes 🞏 No

If yes, please list those medications:

Are you currently or have you ever been through a substance abuse program? 🞏 Yes 🞏 No

If yes, when?

If yes, where?

Type of Program: 🞏 Inpatient 🞏 Outpatient

Are you currently or have you ever been in an AA/NA Support Group? 🞏 Yes 🞏 No

**IX. Military Background (if Applicable)**

Military Service Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Active Duty, Reserves, Guard?)

Start Date of Military Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date of Military Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Occupational Specialty (MOS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manner of Discharge from Military: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List all Combat or Hazardous Duty Deployments (location and approx. dates)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any service related disabilities? (if yes, please list these disabilities) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have a VA disability rating? (If so, what is your percentage?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever, or are you currently receiving any treatment by the Department of Veterans Affairs? (if yes, what treatment?)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**X. Medical History**

Are you currently under a doctor’s care? (if yes, please list all of your current physicians if more than one:)

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Address, and Phone Number of the Clinic or Doctor’s office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For what is the current physician treating you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently seeing a counselor? (if yes, please list all of your current counselors if more than one:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Address, and Phone Number of the Clinic or Counselor’s office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are currently receiving medical care, counseling, and/or medication, how are you paying for those services?

\_\_\_Private Insurance \_\_\_Medicaid/Medicare \_\_\_Cash \_\_\_Uncertain

\_\_\_Other: (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**XI. Your Special Interests and Goals for Your Future**

**XII. Acknowledgement by Defendant and Certification of Information**

I have been advised by my Attorney or the Court that I may be eligible for participation in the Veterans Treatment and Mental Health Docket Pre-Trial Intervention Program (VT/MH PTIP). I have also been fully advised of the details of the VT/MH PTIP. Further, I have been fully advised by my Attorney or the Court of my constitutional rights as a criminal defendant and that the same will be set forth in writing and explained to me before I make any agreement to participate in the VT/MH PTIP. I will be required to waive said constitutional rights.

I understand that I must abide by all terms and conditions of the VT/MH PTIP as explained to me by the VT/MH PTIP Officer. This includes the payment of a program fee that is not to exceed $1,000.00.

I further understand that if I am represented by a Court-appointed attorney, I may be required to pay a “court-appointed attorney fee” in the amount determined by the Court. I understand I will be required to repay said fee as directed by the VT/MH PTIP Officer. I understand that all payments shall be made by cashier’s check or money order.

I hereby apply for status as participant in the VT/MH PTIP and request that the District Attorney’s Office temporarily abate proceedings in order to permit consideration of this application. I understand that the decision to commence criminal proceedings or to divert from prosecution in my case rests with the District Attorney as well as the Veterans Treatment and Mental Health Docket Staffing Committee and the Presiding Judge, and that my application is not an automatic acceptance into the program.

I authorize the VT/MH PTIP Officer to conduct an investigation to determine my suitability for this program. I understand that the investigation may include interviews of individuals deemed necessary by the VT/MH PTIP Officer. I authorize the VT/MH PTIP Officer to conduct such interviews and review records concerning me in the possession of such individuals in a reasonable manner.

I understand that a false answer to any question during this interview may be grounds for a recommendation against placement into this VT/MH PTIP or removal (after placement into the VT/MH PTIP), in which case the District Attorney’s Office will resume prosecution on the original charges.

I understand that if I am accepted into the VT/MH PTIP, the information obtained from me can be used against me on the issue of guilt or innocence and punishment in any future prosecution for this offense. However, if I am not accepted into the VT/MH PTIP, neither this Agreement nor any other documents filed with the District Attorney’s Office as a result of my application with the VT/MH PTIP, can be used against me.

I understand and agree to abide by any treatment recommendations ordered by the VT/MH PTIP Staffing Committee, the VA, my current medical provider, or CSCD.

*I swear and certify the information contained in this application is true and correct and I did not withhold any information. I understand that failure to complete the application honestly and correctly or to withhold any information shall be grounds for denial into or removal from the program.*

*Defendant’s Signature Date*

*Defendant’s Name (printed)*

**SWORN AND SUBSCRIBED** before me on this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

 My commissions expires:

Notary Public