



**Delaware County, Pennsylvania**

**Veterans Treatment Court**

# **POLICY AND PROCEDURE MANUAL**

## **Restoring Dignity for Justice Involved Veterans**

**Established January, 2013**

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## FORMS:

Form A: Veterans Treatment Court Application and Referral

Form B: Agreement to Participate in Veterans Treatment Court

Form C: Veterans Court Program Written Plea Colloquy

Form D: The General Rules/Waiver of Rights for Veterans Court Program

Form E: Request for Authorization to Release Medical Records or Health Information

Form F: Veterans Treatment Court Memorandum of Understanding

Form G: List of Phase Goals

Form H: The Ten Key Components of Veterans Treatment Courts

## **INTRODUCTION:**

Delaware County has a longstanding tradition of commitment to its veteran community. Consistent with the commitment, the Court of Common Pleas has established the Veterans Treatment Court system in partnership with the Office of the District Attorney, the Office of the Public Defender, Department of Veterans Affairs (VA), and County Council. The Delaware County model is unique in that it has adopted a “no veteran left behind” policy, providing non-VA treatment resources to eligible justice involved veterans, regardless of their military discharge designation.

## **MISSION STATEMENT:**

The Delaware County District Attorney’s Office (“DAO”), along with the Delaware County Court of Common Pleas (“the Courts”), Delaware County Adult Probation & Parole, Office of the Public Defender of Delaware County, and Office of Veteran’s Affairs (“the VA”), is committed to ensuring that our nation’s veterans are given the highest degree of care. This commitment recognizes that service in our nation’s military can be a trauma-inducing experience, and that the after-effects of such trauma are varied and complex. Accordingly, the Veteran’s Court Team will endeavor to provide veterans that come into contact with the criminal justice system the most comprehensive plan for rehabilitation possible. It is through this collaborative partnership that the Veterans Treatment Court Team believes it can honor those that have served in our nation’s armed forces while maintaining the standard of public safety that Delaware County deserves.

## **GOALS AND OBJECTIVES:**

The goals of the Delaware County Veterans Treatment Court Program are as follows:

- To establish a treatment focused effort through inter-agency support for every Veteran participant that is admitted into the program.
- Reduce recidivism rates by addressing criminality in a comprehensive and therapeutic manner.
- Help support the justice involved Veteran population through reducing stigma for those who live with complex needs such as history of trauma, mental health barriers, and substance abuse disorders.
- Create an opportunity for veterans to enter a non-adversarial diversion court that allows for the time and attention to their needs in the community.

## **STRUCTURE/MODEL:**

The Veterans Treatment Court will accept referrals after criminal charges have been filed and the case has been forwarded by a Magisterial District Court to the Delaware County Court of Common Pleas for further disposition. The matter will be “fast-tracked” as necessary through the arraignment process and assigned to the Veterans Court Judge. Referrals will also be accepted regarding criminal defendants who are before the Court of Common Pleas for alleged violations of existing probation/parole sentences (Gagnons).

Participation in Veterans Court is voluntary. Informed consent will be obtained for evaluation and consideration by the Court Team and again at the point of acceptance into Veterans Treatment Court.

Once a referral is made, the defendant will be classified as “under consideration” for acceptance into Veterans Treatment Court. During this initial consideration period, the primary mechanism for supervision and compliance with recommended treatment will be through the use of applicable bail conditions.

When the defendant is formally accepted into Veterans Treatment Court, the defendant must enter a plea to certain agreed upon charges. The plea will be held in abeyance pending the successful completion of Veterans Treatment Court. Once in Veterans Treatment Court, the defendant will proceed through the three phases of engagement outlined in the Terms of Participation section below. Upon successful completion of the Veterans Treatment Court program, the veteran can expect a Nolle Pros of their case in its entirety, with the potential for an expungement of the case thereafter.

### **TARGET POPULATION:**

Veterans Treatment Court is limited to adult defendants who have served in a branch of the military. Active service members and veterans that have received an Honorable Discharge, General Discharge under Honorable Conditions and Medical Discharge will be considered for the program. A Veteran with an Other than Honorable discharge or “OTH” will be considered on a case-by-case basis.

Applicants or criminal defendants that are Delaware County residents will be considered eligible for the program, however, those applicants who reside outside of Delaware County yet still maintain the capacity to commute to the Courts for monitoring or Review Hearings will be considered on a case-by-case basis.

Applicants will be considered for admission through a Pre-Trial Abeyance order, Post Plea, or Post conviction offer from the Commonwealth. The applicant is subject to undergo an initial evaluation through a Bio-Psycho-Social Assessment to determine his or her needs. Eligible applicants are those who have a prior diagnosis or current treatment need for a mental health disorder, suffer from any form of trauma such as MST, PTSD or PTS, have a substance use disorder or any other diagnosis that may require treatment such as but not limited to:

- SMI (severely Mentally Ill)
- Schizophrenia
- Stimulant Dependency Disorder
- Major Depressive Disorder
- TBI (Traumatic Brain Injury)
- Schizo-affective Disorder
- Bi-Polar Disorder

If the Veterans Treatment Court team determines that a participant is not suitable for Veterans Treatment Court, the application/referral may be referred to Drug Treatment Court and/or Mental Health Treatment Court, if applicable.

The Veterans Treatment Court prefers to address non-violent offenses, but other crimes will be taken into consideration on a case-by-case basis.

## **EXCLUSIONARY CRITERIA:**

While each case will be considered individually, the following offenses will typically be excluded from the Veterans Treatment Court Program:

- Murder and Manslaughter will not be considered under any circumstance.
- Felony crimes of violence.
- Defendants are considered ineligible if there are any unresolved out of the county charges. It is the responsibility of the offender's counsel to conclude any pending out of county charges.

## **APPLICATION AND REFERRAL PROCESS:**

Applications and referrals may come from any number of sources. **ALL APPLICATIONS AND REFERRALS SHOULD BE DIRECTED TO THE VETERANS COURT COORDINATOR IN DELAWARE COUNTY OFFICE OF ADULT PROBATION AND PAROLE SERVICES. A copy of the applicants DD-214 should be included in the application. In the event the applicant does not have a copy of their DD-214 it should be noted on the application.**

After the application/referral is received, an initial screen will be conducted to gather baseline information and to determine if services can be offered through the VA or a community-based treatment provider. If deemed preliminarily eligible, the participant will be scheduled to appear in the Office of Adult Probation and Parole Services to have a biopsychosocial evaluation. Prior to the evaluation, consent to release of information from the participant will be obtained to allow the exchange of information between the VA and/or the community-based treatment provider, and members of the team. The release of information form can be found at the end of this manual.

Once the evaluation is complete, the information will be submitted to the team. The evaluation will also be provided to the VA's Veterans Justice Outreach Officer (VJO) or community-based treatment provider to determine appropriate needs and levels of care.

The VJO or community-based treatment provider will provide a written report with a detailed Treatment Plan as soon as possible. The Treatment Plan will be presented to the Veterans Treatment Court Team for review.

In addition to the Treatment Plan, the following documentation will be submitted to the Veterans Treatment Court Team:

- Psychiatric evaluations, if any.
- History of behavioral health treatment.
- Criminal background history.
- Summary of charges.

After the plan is submitted to the team, it will be reviewed by the team and a final determination as to eligibility will be made.

## **RECONSIDERATION POLICY:**

The Veterans Treatment Court will consider all appropriate referrals on a case-by-case basis. During the eligibility determination, a myriad of factors are considered. Major emphasis is placed upon the offense as charged, the impact of the defendant's behavioral health issues in regard to the offense, prior record, and likelihood of success. This information is derived from police reports, criminal history inquires, stays in treatment, psychological evaluations, contacts with arresting officers and previous probation/parole records.

If a party relevant to the participant's case (attorney, judge, treatment provider, police officer, etc...) feels the Veterans Treatment Court Team failed to consider a particularly important factor, he/she may make a request, in writing, for the case to be reconsidered. The written reconsideration request must be promptly submitted to the Veterans Treatment Court Coordinator. The request must include supportive reasoning for reconsideration. Supportive reasoning includes but is not limited to the mitigating circumstances pertaining to the crime, psychiatric/psychological reports that may not have been available for the initial consideration, or any other relevant information that can be placed in written format.

***Otherwise, the decision by the Veterans Treatment Court is final.***

## **ROLES OF THE VETERANS TREATMENT COURT TEAM**

The Veterans Treatment Court Team will meet weekly to review the status of participants scheduled for court that day and any other participants who are having difficulty in the program.

At the time of acceptance into the Veterans Treatment Court, all necessary consent forms for waiver of confidentiality will be signed to allow all team members to communicate freely with each other and with the Veterans Treatment Court participant. The VJO will obtain this release of information. The complete coordination of information is critical to the success of the Veterans Treatment Court participant.

The Veterans Treatment Court team will meet at least twice per month for Team Meetings followed by Review hearings in which each participants status in the program will be discussed. The Veterans Treatment Court Team will give notice to the participants as to the date and time of the hearings they are required to attend. The Veterans Treatment Court team will discuss the use of both Sanctions and Incentives to address the positive behavior as well as the inappropriate behavior a participant exhibits while on the program.

### **ROLE OF THE VETERANS TREATMENT COURT JUDGE**

The Veterans Treatment Court Judge heads the program and makes the final decision of acceptance into the Veterans Treatment Court Program. The Judge will colloquy the veteran prior to entry into the program. The Judge will also conduct periodic review hearings to monitor and adjust the treatment plan of the veteran as well as will impose sanctions for violations and/or incentives regarding positive behaviors.

Prior to each periodic review hearing, the Judge will lead a team meeting consisting of the Prosecutor, Public Defender (or private defense counsel), Probation Officer, Veterans Treatment Court Coordinator and VJO to discuss the progress of each veteran appearing that day.

### **ROLE OF THE VETERANS TREATMENT COURT COORDINATOR**

The Veterans Treatment Court Coordinator is a supervisor in Adult Probation and Parole Services who works in close consultation with the Judge. The coordinator reviews all referrals submitted to the court for initial eligibility and coordinates the assessment process. The coordinator organizes all information for new referrals to present to the court team and gathers relevant information for the periodic review meetings with the team.

### **ROLE OF THE DISTRICT ATTORNEY**

The prosecutor reviews all new cases with the Court Coordinator concerning eligibility. The eligibility assessment includes a consideration of the defendant's criminal history, consultation with victims, legal eligibility and appropriate dispositions upon the defendant's entry into Veterans Treatment Court.

As part of the collaborative team, the prosecutor monitors participant progress and can make recommendations at the periodic review meetings regarding sanctions and incentives. If a participant is re-arrested, the prosecutor investigates the new criminal charges and assesses the appropriateness of continued participation in Veterans Treatment Court.

### **ROLE OF THE PUBLIC DEFENDER/DEFENSE COUNSEL**

The Public Defender/Defense Counsel represents and advises the defendant in all court proceedings and is mindful of the defendant's civil rights. The Public Defender/Defense Counsel seeks to find treatment solutions for the defendant that minimize the defendant's exposure to incarceration, reduce the risk of re-arrest or new charges, and mitigate the consequence of a criminal conviction.

### **ROLE OF THE ADULT PROBATION OFFICER**

A specialized Probation Officer(s) oversees participants in Veterans Treatment Court. The Probation Officer works closely with defendants and provides updates to the team regarding compliance with terms and conditions of probation/supervision. The Probation Officer focuses on community involvement, including meeting with defendants in the field, interacting with community-based organizations, overseeing restitution, and networking with treatment providers.

### **ROLE OF THE U.S. VETERANS AFFAIRS (VA)**

A representative from the VA – the local Veterans Justice Officer (VJO) – participates in the Veterans Treatment Court proceedings, serves as linkage to the VA and VA services, and insures the provision of recommended treatment services. The VJO's role is to monitor the services Veterans Treatment Court participants are receiving, to identify additional supports as needed, and to identify potential gaps in the service system that need to be addressed. It is anticipated that veterans will access the full range of services available through the VA via this single point of service – the VJO.

### **ROLE OF THE COUNTY VETERANS AFFAIRS**

Veterans Treatment Court, through the County Dept. of Veterans Affairs, will match a veteran defendant with a volunteer mentor from the community, all of whom are also veterans. The concept of the veteran mentoring component is to re-engage the veteran defendant with a positive sense of veteran identity, as well as to offer practical advice and services in addition to what the veteran receives in the context of his or her treatment plan. A mentor will be assigned to each veteran upon admission into Veteran's Treatment Court.

### **ROLE OF THE CORRECTIONAL FACILITY**

A representative of the correctional facility participates to assist the team in the diversion of defendants from the facility to a more appropriate placement in the most effective and efficient manner possible. The representative, ideally a forensic caseworker, acts as a liaison between the correctional facility and the Veterans Treatment Court Team. In this role, he/she provides relevant information regarding the conduct of the defendant and treatment information. He/She meets with the defendant as needed. As a team member, their role is to participate in the discussion of the best approach to management of the defendant while in the facility, to expedite release when possible and to reduce recidivism.

### **STAFFING:**

All the above members of the Veterans Treatment Court Team will meet at least twice per month for team meetings and conduct reviews of all information gathered at point of entry for each applicant of the program. Data Collection will be initially input by the coordinator of the program into the Drug Court Case Management System and upon an applicant signing their consent and confidentiality statements, all diagnostic, criminal background, and Veteran Affairs records may be shared amongst the team members.

***Continued Data Collection*** will continue once an applicant is admitted into the program by the supervising Probation Officer. The Probation Officer and Coordinator will then continue to input all Data regarding the updated Team decisions, judicial rulings, court issued incentives, court-imposed sanctions and any further staffing material that develops during the course of a participant's time in the program.

### **PROGRAM PHASES: (SUPERVISION PROTOCOL)**

Veterans Treatment Court has three phases of engagement. Each Phase will be structured to recognize the participants initial or Proximal goals, then transition into incorporating the distal goals of the

program in later phases to allow for the participant to develop a foundation of recovery and structure. These phases are also designed to focus more on positive rewards and strengths than on sanctions, although sanctions will be given as necessary, and the court will operate under a non-adversarial approach in how each member's case is addressed through each phase of the program. While movement through the phases will be individualized, the average length of participation in the program will be 12-24 months.

A Copy of the Goals shall be distributed to each participant at the start of each particular phase.

The general structure of the phases is:

**PHASE I GOALS:**

A Phase I Participant will be expected to meet the following goals for the first 6 months of the program:

- Appearance in Veterans Treatment Court every other week or as ordered.
- A minimum of weekly contact with Probation Officer.
- Follow through with treatment goals developed in partnership with the team and the recommendations from the treatment provider.
- Comply with urine drug screens as requested.

Veterans will be permitted to move to Phase II when they have consistently demonstrated the following:

- Attend all appointments with the Court, Probation Officer, VJO, etc.
- Cooperate, as needed, with volunteer mentor.

Remain committed to their course of treatment and the goals of their recovery.

**PHASE II GOALS**

The following are the goals a Phase II Participant is expected to meet during this phase:

- Attend Veterans Treatment Court every other week.
- Meet with their Probation Officer and/or VJO as directed (they will still be required to attend regularly, however, less frequently than in Phase I).
- Attend all appointments with appropriate treatment agencies.
- Continue to actively carry out their Veterans Treatment Court plan and recovery plans (Developed with treatment provider).
- Demonstrate continued abstinence from drugs/alcohol.
- Demonstrate consistent payment of all applicable restitution.
- Work with Probation Officer to identify something important to work on during phase III that they were previously unable to accomplish due to their addiction or mental health diagnosis. (Ex. Re-establish relationship with loved ones, start a pro-social hobby, continue education or trade of interest, etc.)

Movement to Phase III happens when the veteran has consistently demonstrated clear signs of stability in the following areas:

- Attending all appointments with the Court, Probation Officer, VJO, etc.
- Continued cooperation with volunteer mentor.
- Following through with Veterans Treatment Court goal plan and recovery plan developed with provider including medication.
- Remaining drug/alcohol free.

### **PHASE III GOALS**

The following are the goals a Phase III participant is expected to meet during this phase:

- Attend Veterans Treatment Court once per month.
- Meet with their Probation Officer and/or VJO at least once per month.
- Attend all appointments with appropriate treatment agencies.
- Follow through with Veterans Treatment Court plan and recovery plan.
- Demonstrate ongoing stability regarding housing and financial management.
- Demonstrate continued abstinence from drugs/alcohol.
- Pay all applicable restitution in full.

### **PROGRAM COMPLETION**

Any participant that successfully completes all three phases of Veterans Treatment Court will be recognized during a short graduation ceremony.

Participants who had a plea held in abeyance will have their case nolle prossed or dismissed upon successful completion of Veterans Treatment Court.

**If a participant has their charge(s) dismissed upon completion of Veterans Treatment Court, the participant should seek legal counsel on how to proceed with the expungement process.**

Participants that entered Veterans Treatment Court by way of a Gagnon/Violation of Probation might have their probation terminated early upon successful completion of Veterans Treatment Court.

### **TESTING AND ACCOUNTABILITY**

The Veterans Treatment Court utilizes an instant urinalysis testing system. Participants will be screened on a random basis or accordingly with their designated phase as described in the terms of participation section of this handbook. In the event a participant tests positive for an illicit/prohibited substance, the Veterans Treatment Court Team will discuss the violation with the team and the Judge will hold the participant accountable and may impose sanctions.

## **MEDICATION ASSISTED TREATMENT/PRESCRIPTION MEDICATIONS/DRUG AND MEDICAL MARIJUANA POLICY**

Participants seeking entry into the Veterans Treatment Court are strongly encouraged, due to the nature of the disease of addiction and the effects of medication on the brain, to consult with their treating physician and/or psychiatrist to pursue non-addictive medications with no abuse potential to treat serious health conditions. The following are procedures that participants must follow to be placed, and remain, on prescription medications or medical marijuana.

Participants must identify one primary health care provider (PHCP) to coordinate health care needs and sign appropriate releases for the Veterans Treatment Court Team. The PHCP will be responsible for managing all the prescription medications with the exception of those participants being treated by a psychiatrist.

Participants must notify the Veterans Treatment Court Team if they are prescribed or administered prescription drugs, medical marijuana, or any mood altering or controlled substances. Participants must also provide a copy of any prescription or certification to the Veterans Treatment Court Team by the next scheduled court date and keep the medication in its original prescription container. In addition, the participant should regularly expect verification (e.g., pill counts) to be completed by Adult Probation, either at random or if the Veterans Treatment Court Team feels it is necessary.

Participants must fill all of their prescription medications at one pharmacy. The participant must provide a quarterly printout documenting prescriptions and/or refills from that pharmacy to the Veterans Treatment Court Team.

Participants may be prohibited from using medical marijuana if it substantially impacts or interferes with other therapeutic treatment needs while in the program; and the need for medical marijuana does not outweigh the substantial impact or interference. Participants must obtain their medical marijuana from one dispensary. The participant must provide a quarterly printout documenting medical marijuana purchases from that dispensary to the Veterans Treatment Court Team.

Participants must consume and store medical marijuana in a manner provided by the statute. Participants should expect compliance checks regularly of their medical marijuana by Adult Probation, either at random or if the Veterans Treatment Court Team feels it is necessary.

## **THE ROLE OF INCENTIVES AND SANCTIONS:**

Throughout participation in Veterans Treatment Court, participants will encounter responses to positive behavior and inappropriate behavior displayed during their time on the program. The purpose of these responses is to have the court issue both incentives and sanctions that will be used to match the degree of what type of behavior the participant has displayed in the program. The participant should expect to see a response from a therapeutic approach, a supervision response which would address their reporting instructions and an incentive response or punishment response displayed by the Judge or

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other team members. These incentives and sanctions will be individualized according to the defendant's plans, but may include the following:

***INCENTIVES:***

- Positive verbal feedback.
- Certificates of completion at set intervals.
- Symbols of accomplishments.
- Gift cards
- Decrease in number of required appearances in court.
- Reduced Contacts with Probation
- Decreased Testing
- Judicial Approval
- Handshake
- Reduction in community service or other monitoring conditions

***SANCTIONS***

- Increased appearances in court.
- Increased participation in treatment activities.
- Homework discussions/Intervention Techniques
- Increased reporting to Probation Officer or VJO.
- Community Service.
- Increased monitoring devices (GPS)
- Curfew restrictions
- Home Visits (Increased)
- Brief incarceration.
- Termination from the program.

The Veterans Court Treatment Team will decide on the incentive or sanction that is used. It is understood that while the incentives are clearly positive motivators, the sanction chosen should also serve to increase the participant's likelihood of success in the program. For example, while increased reporting to the Probation Officer or VJO is listed as a sanction, such reporting can also be seen as a way of increasing the support the participant needs to allow him or her to succeed.

**VOLUNTARY AND INVOLUNTARY DISCHARGE FROM VETERANS  
TREATMENT COURT:**

Veterans Treatment Court is a voluntary program. A participant can ask to be voluntarily discharged from the program at any time and will be allowed to do so after the judge makes sure that the participant is certain about the decision to withdraw. The decision to discharge a court participant

involuntarily is the Judge's to make after consultation with the entire team and a court hearing at which the participant is represented by counsel. Either type of discharge from the program, voluntary or involuntary, will result in further disposition of the case, as discussed below.

## **DIVERSION AND RECOVERY CASE DISCHARGE**

For the purposes of Veterans Treatment Court, a **diversion case** is an alternative disposition where the Veterans Treatment Court applicant is required to enter a plea, the acceptance which will be held in abeyance pending the successful completion of Veterans Treatment Court. Once the individual successfully completes Veterans Treatment Court, the case will be dismissed without a conviction. Diversion cases enter Veterans Treatment Court at some point during the pre-trial process. For the purposes of Veteran Treatment Court, a **recovery case** involves an individual that has already been sentenced, is under probation/parole supervision, and is facing a violation of probation/parole hearing (Gagnon). The individual chooses to apply for Veterans Treatment Court as a disposition of their violations. In recovery cases, the defendant must be found in violation of probation/parole and will be resentenced to include mandated participation in the Veterans Treatment Court.

**Voluntary Discharge:** a court participant is free to request a voluntary discharge from Veterans Treatment Court at any time. However, diversion cases are then relisted for sentencing. The sentence given by the judge may include a period of incarceration. Recovery case Veteran Treatment Court participants would be found in violation of probation or parole following a voluntary discharge, as successful completion of Veterans Treatment Court is a condition of their probation or parole. They would then be resentenced on their outstanding charge of probation, parole, and/or Probation with Restrictive conditions. The sentence given by the judge may include a period of incarceration.

**Involuntary Discharge:** a court participant may also be discharged involuntarily for a violation of program rules and regulations and/or for new criminal charge(s). Same as above, diversion cases are relisted for sentencing following an involuntary discharge. The sentence given by the judge may include a period of incarceration. Recovery case Veteran Treatment Court participants who are involuntarily discharged would be found in violation of probation or parole, as successful completion of Veterans Treatment Court is a condition of their probation or parole. They would then be resentenced on their outstanding charge of probation, parole, and/or Probation with Restrictive conditions. The sentence given by the judge may include a period of incarceration.

## **SUSTAINABILITY PLAN:**

The Delaware County Veterans Treatment Court has and will continue to rely on the support of the Local County Government, District Attorneys Office, The Courts of Delaware County and other County Stakeholders. Our ongoing community involvement through Veterans Outreach Fairs, Monthly meetings with a countywide Veterans network coordinated through the VA, fundraisers and localized events to commemorate and celebrate the local Veteran population, has given the program the opportunity to connect more support and ongoing community involvement. The program will annually re-assess its data collection and program rules and terms in order to generate the information and results needed for

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future grant and funding applications. Currently the Office of Adult Probation and Parole has utilized the benefits of a Re-entry grant to provide Re-entry bags to our Justice involved clients that include resources such as transit passes and gift cards. These resources have been used for certain incentive purposes such as a Phase advancement on the program. The interagency cooperation with the Office of Veterans Affairs has also allowed the program to limit costs of operating this program to the taxpayers of Delaware County.



**-DELAWARE COUNTY VETERANS COURT APPLICATION-**

**PARTICIPANT INFORMATION**

**NAME:** \_\_\_\_\_

**ALIASES/MAIDEN NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **DOCKET NUMBER(s):** \_\_\_\_\_

**CURRENT LOCATION:** INCARCERATED OR COMMUNITY

**IF INCARCERATED WHERE:** \_\_\_\_\_

**MOBILE PHONE NUMBER:** \_\_\_\_\_ **HOME PHONE NUMBER** \_\_\_\_\_

**REFERRAL SOURCE:** PROBATION OFFICER PRISON JUDGE OTHER: \_\_\_\_\_

**ATTORNEY INFORMATION AND CONTACT INFORMATION:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**MOBILE PHONE #:** \_\_\_\_\_ **HOME #:** \_\_\_\_\_

**ARE YOU A U.S. CITIZEN:** YES OR NO

**DO YOU HAVE A DRIVERS LICENSE:** YES OR NO

**IF NO, HAS YOUR LICENSE BEEN SUSPENDED:** YES OR NO

IF YES, WHY: \_\_\_\_\_

WHAT IS YOUR PRIMARY HEALTH INSURANCE: VA COMMERICAL OTHER NO INSURANCE

IF COMMERCIAL INSURANCE, PLEASE LIST INSURANCE PROVIDER: \_\_\_\_\_

ARE YOU CURRENTLY UNDER BAIL OR PROBATION/PAROLE SUPERVISION: YES OR NO

IF YES, WHERE: \_\_\_\_\_

DO YOU HAVE ANY OPEN CASES: YES OR NO IF YES, WHERE: \_\_\_\_\_

ARE YOU CURRENTLY UNDER PROBATION/PAROLE SUPERVISION: YES OR NO

IF YES, STATE/COUNTY PROVIDING SUPERVISION: \_\_\_\_\_

PROBATION/PAROLE OFFICERS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DO YOU HAVE A HISTORY OF PROBATION/PAROLE VIOLATIONS: YES OR NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DOES THE CASE THAT YOU ARE APPLYING FOR VETERANS TREATMENT COURT VIOLATE ANY CASE(S) YOU ARE CURRENTLY UNDER SUPERVISION FOR: YES OR NO

WHAT ARE SOME OF THE CIRCUMSTANCES THAT LED TO YOUR MOST RECENT INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM: \_\_\_\_\_

WHAT ARE SOME OF THE SIGNIFICANT BARRIERS YOU HAVE FACED WHILE TRYING TO TREAT THE BEHAVIOR(S) THAT LED TO YOUR CURRENT OFFENSE: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR DD-214 FORM TO THIS APPLICATION**

IF YOU DO NOT HAVE A DD-214 PLEASE INDICATE WHY \_\_\_\_\_

**APPLICANT’S VERIFICATION**

I hereby swear (or affirm) that I have read the above the Application for Admission to the Veterans Treatment Court Program in its entirety and I understand its full meaning. I hereby swear (or affirm) that each answer to the above questions is true. I hereby swear (or affirm) that I fully understand that if any of the information provided above is false or misleading, my application for admission to the Veterans Treatment Court Program will be denied and my case will be prosecuted as provided by law.

I hereby swear (or affirm) that I fully understand that providing false or misleading information may also result in my being charged and prosecuted for additional crimes, including but not limited to, Perjury, False Swearing, and/or Unsworn Falsification to Authorities.

I also swear or affirm that I have read and understand the description of the Veterans Treatment Court Program, phases and list of ineligible offenses attached to this application. I have also had the opportunity to review this material and my application decision with my attorney. I understand that if this application is rejected for any reason, then my case will proceed in the standard fashion. I understand that while this application is pending, all such time is waived by me for purposes of my speedy trial rights under Rule 600. I understand that if this application is accepted, then I can either agree to be admitted into this program or decline admission.

I understand that if I fail to comply with the Veterans Treatment Court Program for any reason that I could be removed from the program, and I will be sentenced in accordance with applicable laws.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

**ATTORNEY VERIFICATION**

As the attorney for the above defendant or counsel advising the defendant on the application process, I have advised the defendant of their rights with respect to the charges against them. I have also advised the defendant of the content and meaning of the application, Veterans Treatment Court Program and waiver of rights.

\_\_\_\_\_  
ATTORNEY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Attorney’s Name (Printed) ID#

If you need further assistance, please contact the Veterans Treatment Court Program

Coordinator Jeremy Damia (610-891-4680 Email: [DamiaJE@co.delaware.pa.us](mailto:DamiaJE@co.delaware.pa.us))

or

Deputy District Attorney Salena Jones (610 891-4754 Email: [jones@co.delaware.pa.us](mailto:jones@co.delaware.pa.us))

**LIST OF INELIGIBLE OFFENSES:**

A Defendant may not be eligible for the Veterans Treatment Court Program if he/she has any of the offenses listed below as EITHER an open charge, prior adult conviction, or prior juvenile adjudication. This prohibition also includes Attempt, Solicitation and/or Conspiracy to commit any of the listed offenses. (18 Pa.C.S. 901, 902, or 903).

**Limited exceptions are noted where the District Attorney's Office MAY allow an Applicant to enter the Veterans Court Program.**

**CRIMES OF VIOLENCE**

Murder, 18 Pa.C.S. 2502

Voluntary Manslaughter, 18 Pa C.S. 2503

Involuntary Manslaughter 18 Pa C.S. 2504

Aggravated Assault, 18 Pa. C.S. 2702

Assault by Prisoner, 18 Pa. C.S. 2704

Disarming Law Enforcement, 18 Pa. C.S. 5104.1

Kidnapping, 18 Pa C.S. 2901

Arson, 18 Pa. C.S. 3301

Intimidation of Witnesses of Victims, 18 Pa C.S. 4952

Retaliation Against Witnesses or Victims, 18 Pa. C.S. 4953

Causing or Aiding Suicide, 18 Pa. C.S. 2505

Drug Delivery Resulting in Death, 18 Pa. C.S.A. 2506

Strangulation, 18 Pa. C.S. 2718

Robbery, 18 Pa C.S. 3701\*

Limited Exception: Any robbery generally renders a client ineligible. However, an exception MAY be made for a prior F-3 Robbery that is at least 5 years old and is considered "minor"; at the discretion of the DA.

**THEFT OFFENSES**

Any Theft where value is equal or greater than \$10,000 or theft of a firearm.

Deceptive Business practices, 18 Pa. C.S. 4107 (where theft value is equal or great than \$10,000, or victim is sixty (60) years of age or older)

Theft by Extortion, 18 Pa. C.S. 3923

Burglary, 18 Pa. C.S. 3502\*

**Limited Exception: May still be eligible if offense is burglary of a non-residence and no one else is present.**

**WEAPON OFFENSES & EXPLOSIVES**

Persons not to Possess, Use, Manufacture, Control, Sell or Transfer Firearms, 18 Pa. C.S. 6105  
Firearms not to be Carried without a License, 18 Pa. C.S. 6106  
Sale or Transfer of Firearms, 18 Pa. C.S. 6111  
Weapons or Implements for Escape, 18 Pa. C.S. 5122  
Threat to Use Weapons of Mass Destruction, 18 PA C.S. 2715  
Weapons of Mass Destruction, 18 Pa. C.S. 2716  
Carrying Explosives on Conveyances, 18 Pa. C.S. 6161  
Shipping Explosives, 18 Pa. C.S. 6162

**OFFENSES INVOLVING CHILDREN**

Interference with Custody of Children, 18 Pa C.S. 2904  
Concealment of Whereabouts of a Child, 18 Pa. C.S. 2909  
Luring Child into motor vehicle, 18 Pa. C.S. 2910  
Concealing the Death of a Child, 18 Pa C.S. 4303  
Endangering Welfare of Children, 18 Pa C.S. 4304 (course of conduct endangering child's welfare)  
Dealing in Infant Children, 18 Pa. C.S. 4305  
Corruption of Minors, 18 Pa. C.S. 6301 (where of a sexual nature)

**SEXUAL OFFENSES**

Obscene Materials (minor), 18 Pa C.S. 5903  
Sexual abuse of children, 18 Pa C.S. 6312  
Statutory Sexual Assault, 18 Pa C.S. 3122.1  
Rape, 18 Pa C.S. 3121  
Involuntary Sexual Deviate Intercourse, 18 Pa C.S. 3123  
Sexual Assault, 18 Pa C.S. 3124.1  
Indecent Assault, 18 Pa C.S. 3126  
Failure to Register (Megan's Law non-compliance), 18 Pa C.S. 3915.1

**OTHER OFFENSES**

Escape, 18 Pa. C.S. 5121  
Stalking, 18 Pa. C.S. 2709 (b)  
Causing or Risking Catastrophe, 18 Pa. C.S. 3302  
Perjury, 18 Pa. C.S. 4902  
Aggravated Jury Tampering, 42 Pa C.S. 4583.1  
Impersonating a Public Servant, 18 Pa. C.S. 4912  
Contraband, 18 Ps. C.S. 5123  
Trafficking of Persons, 18 Pa.C.S. 3011

Ecoterrorism, 18 Pa. C.S. 3311

Terrorism, 18 Pa. C.S. 2717 Possession of a Controlled Substance with Intent to Distribute, 35 Pa.C.S. 780-113(a)(30) (large quantities; at the discretion of the DA

Operation of a Methamphetamine Lab, 35 Pa C.S. 780-113(a)(11)

**PENNSYLVANIA MOTOR VEHICLE CODE**

Driving Under the Influence, 75 Pa. C.S. 3802: Third or Subsequent (Tier 3) offenses within 10 years or a crash involving serious bodily injury

Fleeing or Attempting to Elude Police Officer, 75 Pa. C.S. 3733 (when graded as a felony of the 3rd degree)

Homicide by Vehicle 75 Pa. C.S. 3732

Homicide by Vehicle While Driving Under the Influence 75 Pa. C.S. 3735

Aggravated Assault by Vehicle, 75 Pa. C.S.A. 3732.1

Aggravated Assault by Vehicle While Driving Under the Influence 75 Pa. C.S. 3735.1

Accidents Involving Death or Personal Injury, 75 Pa. C.S. 3742 (Resulting in serious bodily injury or death).

Accidents Involving Death or Person Injury While Not Properly Licensed, 75 Pa C.S. 3742.1 (Resulting in serious bodily injury or death)

IN THE COURT OF COMMON PLEAS  
OF DELAWARE COUNTY, PA  
CRIMINAL

---

COMMONWEALTH OF PENNSYLVANIA  
v.

No.

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**ORDER**

**Rules and Regulations/Agreement to Participate in Veterans Court Program  
Delaware County, Pennsylvania**

**Participant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I have worked with the Adult Probation/Parole Office, Veteran's Justice Outreach Specialist (VJO) and others to make a plan for living in the community. I will abide by the plan while in Delaware County's Veteran's Court (VC). I know that if I don't follow the plan I may be subject to a period of incarceration, other sanctions, or discharge from the program.

\_\_\_\_ 1. I will report to my Probation/Parole Officer according to their instruction.

Appointments may take place in my residence, place of employment, or the probation/parole office. If I have a problem that keeps me from making an appointment, I will call before my appointment and inform my Probation/Parole Officer directly.

\_\_\_\_ 2. I will comply with all municipal, county, state, and federal criminal laws, and abide by any written instructions of the Delaware County court or your Probation/Parole officer. I will notify my Probation/Parole Officer immediately if I am arrested by and/or if I am cooperating with any law enforcement agency. I will not enter into any agreement to act as a confidential informant for any law enforcement agency without written permission from my Probation/Parole Officer. I will abide by the rules/regulations and conditions imposed by the Court. Furthermore, I will conduct myself in a manner that does not create a danger to the community or myself.

Updated/Revised  
November 2022 JR

\_\_\_\_ 3. I understand that my residence and living situation must be approved by the office of Probation/Parole, and that I may not change my residence without the Probation/Parole Office's **prior** permission. I will live at my approved residence and will not spend the night at another person's residence without permission from my Probation/Parole Officer. I will contact my Probation/Parole Officer for approval before anyone is allowed to live with me or move into my residence. I will notify my Probation/Parole Officer prior to changing my address.

\_\_\_\_ 4. I understand that I may be subject to the warrantless search of my person, property, vehicle or residence and the seizure and appropriate disposal of any recovered items, if it is reasonably suspected that such a search will yield evidence of a crime and/or a violation of my probation/parole.

\_\_\_\_ 5. I understand that my daily travel is limited to the southeastern Pennsylvania counties (Philadelphia, Delaware, Chester, Montgomery, and Bucks Counties). Any travel beyond those counties or overnight travel must be approved by my Probation/Parole Officer prior to departure. I understand that I cannot travel outside Pennsylvania unless it is for employment, and I have received written travel permission from my Probation/Parole Officer. Travel outside of the United States will require written approval from the visiting country's consulate, and fines, costs and restitution must be paid in full.

\_\_\_\_ 6. I understand that if my approved residence is in a state other than Pennsylvania (e.g. Delaware-New Jersey), I cannot travel outside of that state without prior written permission.

\_\_\_\_ 7. I know that the VJO and/or designated agency/person is going to connect me with help in the community. I will meet as often as they instruct me and make all appointments that are set up for me.

\_\_\_\_ 8. I will follow through with obtaining new benefits or getting my benefits back. If I need help, I will ask for it from my Probation/Parole Officer and/or VJO and/or designated agency/person staff.

\_\_\_\_ 9. I will go to and participate in my approved treatment agency(s) and work with them. I know that getting help for my substance abuse, mental illness, and other issues is important to my recovery and I agree to follow the plans we make together. This includes going for therapy and/or meeting with my VJO and/or designated agency/person, taking my medicine as directed, seeing my psychiatrist, and complying with my treatment plan. My psychiatric

medication is to be prescribed only by my psychiatrist. I understand that I must complete all court ordered treatment.

\_\_\_\_10. I understand that I must timely sign-execute any releases, waivers, and/or authorizations as may be required under the Health Insurance Portability and Accountability (HIPPA) and/or otherwise pertaining to records and/or information regarding all court ordered treatment(s). Any such records and/or information will only be disseminated as needed to assure compliance with Veterans Treatment Court.

\_\_\_\_11. If applicable, I will make every effort to obtain and maintain employment and support my dependents. If I am employed, I will notify my Probation/Parole Officer of the name, address and phone number of my employer. I will notify my Probation/Parole Officer within seventy-two (72) hours if I change my employment.

\_\_\_\_12. I will answer all questions and appear for any meetings necessary to get set up with a mentor. I will cooperate with my mentor and if there is a problem with my mentor I will bring my concerns to the attention of my Probation/Parole Officer.

\_\_\_\_13. I will abstain from the use, unlawful possession, or sale of controlled substance, as defined within the Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. Section 780-101 et.seq. as amended to date) and all non-prescribed mind-altering substances. I understand that I must notify the Veterans Treatment Court Team as to any prescribed and/or over the counter medications that I may use while in the program, including medical marijuana. I will notify the Veterans Treatment Court Team as to any prescribed medications that may be narcotic or habit forming. I will also notify the Veterans Treatment Court team of any over the counter medications I have taken or take while in the program. If my Physician requires me to take any prescribed narcotic, pain, and/or potentially addictive medication including medical marijuana, I may have to obtain a legitimate doctor's note describing my need for such treatment. I further agree to sign a release of information for my Veterans Treatment Court Team to have the ability to communicate with any prescribing physician. I will not take anyone else's prescribed medication. I will notify my Probation/Parole Officer and/or treatment team if my medication(s) are changed.

\_\_\_\_14. I am not permitted to abuse, misuse, or distribute my prescribed medications. I will not consume alcoholic beverages of any kind. I will avoid all alcohol containing products, including alcohol in foods, hygiene products or over the counter medications containing

alcohol; medications containing alcohol, e.g., Mouthwash, Nyquil, cough syrups or hand sanitizers. I understand that OBSERVED urine testing is Mandatory, and that testing is done to ensure compliance of treatment program rules and regulations. I understand that I must be present and prompt at the appropriate testing time. I shall refrain from frequenting unlawful or disreputable places, including but not limited to bars and liquor stores and shall not associate with disreputable individuals.

\_\_\_\_ 15. I understand that I may not possess/consume alcohol and may not enter a bar, tavern, or food service establishment that does not offer dining in an area separate and apart from any bar area. I understand that my Probation/Parole Officer or my community helpers may ask me to give a urine specimen and/or breathalyzer test at any time.

\_\_\_\_ 16. Should I dispute any drug testing results, I understand that I have the right to have the lab retest the sample upon paying the retesting lab fee, \$50.00 dollars. I understand that the fee must be paid within twenty-four (24) hours of notification to me of the positive test. This will be at my expense and paid prior to the retesting. I understand that if the test is confirmed positive, I will face additional sanctions by the Court. If I attempt, at any time, to submit a fake urine sample I understand that I can and may be prosecuted.

\_\_\_\_ 17. I will see my medical doctor when I am supposed to and remain compliant with what he/she instructs me to do in order to take care of my health and body.

\_\_\_\_ 18. When I am in the courtroom, I will not talk during court proceedings, I will not bring food or drinks into the courtroom, I will stay until the Judge dismisses me, I will not use profanity and I will be on time.

\_\_\_\_ 19. I will be supervised by the Veterans Court Program **UNTIL FURTHER ORDERED BY THE COURT.**

\_\_\_\_ 20. I understand that attendance at scheduled court sessions and/or review hearings is mandatory. It is my responsibility to know the date and time of my court sessions. I understand that absence from, or rescheduling of, a court session WILL NOT be allowed unless an emergency exists, or I get prior approval through the court, and I understand that tardiness WILL NOT be tolerated.

\_\_\_\_ 21. I agree to participate in the Delaware County Veterans Treatment Court Program for a period of time specified by the Court and understand that this time period will be a minimum of

twelve (12) months. I agree to participate in any education, treatment and/or rehabilitation program ordered by the Court, agree to abide by any additional terms or conditions as indicated by the Court, and agree to complete all treatment, and related programs to the satisfaction of the Court, and be medication compliant (if prescribed medication necessary).

\_\_\_\_ 22. I will not own, use, and/or possess any type of firearm, look alike firearm, lethal weapon, explosives, and/or ammunition. I understand that hunting is prohibited.

\_\_\_\_ 23. I understand that I must pay all fines, costs restitution, and may have a mandatory monthly supervision fee of \$40.00 a month.

\_\_\_\_ 24. I understand that if I successfully complete all program phases, live a law-abiding life, and demonstrate a successful reintegration into the community, I will be eligible to graduate.

\_\_\_\_ 25. Other special condition of the program: \_\_\_\_\_

I understand that if I leave the Commonwealth of Pennsylvania at any time I may be directed to return to Pennsylvania. I know that I may have a right to insist that Pennsylvania extradite me from any state where I may be found. This is commonly called the right to extradition. I also understand and acknowledge that I agree to return to Pennsylvania when ordered to do so. Therefore, I agree that I will not resist or fight any effort by any state to return me to Pennsylvania and **I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY, AND INTELLIGENTLY.**

I hereby acknowledge that I have read, or have had read to me, the foregoing conditions of the Veterans Treatment Court Program, and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them. I understand the Judge will be notified when I do not follow the foregoing conditions.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Court Coordinator/Probation/Parole Officer**

\_\_\_\_\_  
**Date**

**COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA  
CRIMINAL**

**COMMONWEALTH OF PENNSYLVANIA** : **CP-23-CR**  
V. :  
:   
:   
\_\_\_\_\_ :

**VETERANS COURT PROGRAM WRITTEN PLEA COLLOQUY**

**INSTRUCTIONS**

TO DEFENDANT:

Read this statement carefully and review it with your lawyer. It is IMPORTANT that you understand, agree with, and answer truthfully everything contained in this document. If you do not agree to all the terms and conditions set forth in this colloquy, then you will not be admitted into the Veterans Treatment Court Program. If you understand and agree with what is written in a paragraph of this document, place you initials on the line provided. If you do not understand and agree with what is said in a paragraph, DO NOT PLACE YOUR INITIALS on the line provided, and tell the judge what you do not agree with or understand.

By placing your initials at the places provided, you are stating that you have read, understood and followed these instructions.

TO DEFENDANT’S LAWYER:

You must explain the content and meaning of this written colloquy to the defendant. If, after your explanation, the defendant does not understand or agree with something, he/she should not initial that paragraph and you must inform the judge of this fact.

\_\_\_\_\_  
Defendant’s Signature

\_\_\_\_\_  
Defense Attorney’s Signature

\_\_\_\_\_ 1. I understand that participation in the Veterans Treatment Court Program is completely voluntary, and that I may withdraw from the Program at any time.

\_\_\_\_\_ 2. I understand that acceptance into and satisfactory completion of all Veterans Treatment Court Program requirements will offer me an opportunity to avoid incarceration.

\_\_\_\_\_ 3. I understand that acceptance into and satisfactory completion of all Veterans Treatment Court Program requirements offers me an opportunity to have other Delaware County criminal cases for which I am actively serving a sentence of probation and/or parole permanently closed.

\_\_\_\_\_ 4. I understand that my successful completion of all Veterans Court Program requirements is a condition of any Delaware County case for which I am currently on probation and/or parole.

\_\_\_\_\_ 5. I understand that if for any reason I am terminated from the Veterans Treatment Court Program for failure to successfully complete all program requirements, including my voluntary withdrawal from the program, then the following will occur:  
(a) If my plea was tendered and taken under advisement, the Court will (i) accept my nolo contendere/guilty plea; and (ii) sentence me on the charges for which I pled nolo contendere/guilty; and (iii) find me in violation on the case(s) identified above in paragraph four (4) of this colloquy.

If my plea was tendered and I was sentenced, the Court will (i) find me in violation of Probation with Restrictive Conditions; (ii) re-sentence me on the charges for which I pled guilty; and (iii) find me in violation on the case(s) identified above in paragraph four (4) of this colloquy.

\_\_\_\_\_ 6. I understand that the sentence imposed as a result of my termination from the Veterans Treatment Court Program shall be a term of incarceration up to the statutory maximum for each offense consecutive to each other, and consecutive to the cases listed above in paragraph four (4).

\_\_\_\_\_ 7. As a condition to my admission to the Veterans Treatment Court Program, I hereby knowingly, voluntarily and intelligently waive my right to be sentenced within ninety (90) days of entering this plea.

\_\_\_\_\_ 8. As a condition to my admission to the Veterans Treatment Court Program, I hereby knowingly, voluntarily, and intelligently waive my right to withdraw the nolo contendere plea and/or guilty plea should I be terminated from the Veterans Treatment Court Program.

\_\_\_\_\_ 9. I understand that the primary purpose of the Veterans Treatment Court program is treatment and rehabilitation, and therefore any statements made by me with

respect to my illicit use of controlled substances and/or alcohol while participating in this program shall not be used against me in subsequent related adversarial proceedings. These include statements made to the Veterans Treatment Court staff, statements made in open court during court proceedings, statements made to the Office of Adult Probation/Parole and/or statements made to any treatment provider during the treatment phase of this program. However, any statements made by me which refer to unrelated criminal activity and which are not related to participation in the Program may be admissible in other criminal proceedings.

\_\_\_\_\_ 10. I understand that I have the right to be represented by counsel while participating in the Veterans Treatment Court Program. However, my right to counsel is limited to the following:

(a) My decision to apply and participate in this Program.

(b) Counsel may appear on my behalf at Veterans Treatment Court team meetings and Court review sessions and/or hearings. However, consistent with the "treatment" philosophy of the Veterans Treatment Court Program, no motions or legal argument may be presented at these Court review sessions and/or hearings. Counsel may assist me in communicating with the Judge and/or Hearing Officer but may not speak in my stead. I am required to personally respond to questioning by the Judge and/or Hearing Officer at all Court review sessions and/or hearings.

(c) Counsel may advise me as to whether to voluntarily withdraw from Veterans Treatment Court Program and assist me in that process.

(d) Counsel may represent me at any Court review session and/or hearing where termination is being considered. Counsel may advocate for my continued participation in the Program.

(e) Counsel shall represent me at any sentencing hearing if I am removed from the Veterans Treatment Court Program.

\_\_\_\_\_ 11. I understand that drug and alcohol test results obtained through the Veterans Treatment Court Program will be used only to assist the Court and treatment providers in evaluating my progress and may be used by Veterans Court to determine whether I am progressing satisfactorily, whether the treatment plan needs modification, whether to impose sanctions within the Program, and whether I should be terminated or graduate from the Veterans Treatment Court Program. I understand that under no circumstances will such test results be used as evidence of a new crime, or in another manner not consistent with the treatment and rehabilitation goals of the Veterans Treatment Court Program.

\_\_\_\_\_ 12. I understand that any adulterated test results will be considered as a positive test for alcohol or drugs, and I will be subject to a sanction/removal for that adulteration.

\_\_\_\_\_ 13. I understand that the Veterans Treatment Court Program may test blood, urine, perspiration, saliva and/or breath for drugs and alcohol. These tests can include, but are not limited to, urine test strips, sweat patches, various breathalyzers (including portable breath tests) and various electronic monitoring devices.

\_\_\_\_\_ 14. I understand that a component of the Veterans Treatment Court Program is community supervision by local police. This means that law enforcement may be advised of my participation in the Program and asked to (i) confirm my compliance with curfew, and (ii) report any suspicious activity to the Court.

\_\_\_\_\_ 15. I understand that any tests and monitoring are conducted at the sole discretion of the Veterans Treatment Court Program. No particular test or monitoring device may be requested by any participant. I agree that these tests and monitors are presumed valid, and with the exception of the challenge procedure contained in this colloquy. I agree that I will not appeal, or in any other way legally contest any test or monitor results. Should I disagree with any such result, with the exclusive exception of the challenge procedure set forth below; I agree that my only remedy is to withdraw from the Veterans Treatment Court Program. I **UNDERSTAND THAT IF I OTHERWISE LEGALLY CONTEST OR APPEAL ANY TEST OR MONITOR RESULT THAT ACTION WILL CONSTITUTE GROUNDS FOR IMMEDIATE REMOVAL FROM THE PROGRAM.**

\_\_\_\_\_ 16. I understand that I may challenge the results of any drug or alcohol test performed by a Probation/Parole Officer by immediately requesting that the sample be tested by a laboratory designated by the Office of Adult Probation/Parole and paying a testing fee in the amount of fifty dollars (\$50.00). I understand that should the laboratory result confirm the test result, I will be subject to an additional sanction by the Court and/or removal from the Veterans Treatment Court Program for my lack of honesty in failing to acknowledge the drug or alcohol use detected by the test. I understand that should the laboratory retest show the initial test result to be in error no sanction will be imposed and my testing fee will be returned or applied to outstanding fines/costs. I **UNDERSTAND THAT ONLY LABORATORY TEST AUTHORIZED BY THE COURT OR ADULT PROBATION WILL BE CONSIDERED IN THE VETERANS TREATMENT COURT PROGRAM.**

\_\_\_\_\_ 17. I consent to the search of my person, my residence, and any electronic device that I utilize upon request/demand by the Office of Adult Probation/Parole.

\_\_\_\_\_ 18. I understand that if I am removed from the Veterans Treatment Court Program and sentenced, I am not entitled to any sentence credits except actual time spent in custody in jail.

\_\_\_\_\_ 19. I understand that the Veterans Treatment Court Program requires me to move through several phases of treatment and supervision. Depending on my ability to remain substance free and compliant with the Veterans Treatment Court Program during these phases, I may complete the Program in eighteen (18) months.

\_\_\_\_\_ 20. I understand that if I enter Veterans Treatment Court by way of a guilty plea, and I meet all the requirements for graduation, the Court may terminate my supervision prior to my maximum date.

\_\_\_\_\_ 21. I understand that if I enter Veterans Treatment Court by way of a plea that is held in abeyance, and I meet all the requirements for graduation, the court will dismiss the charges for which my sentencing was held in abeyance pursuant to my nolo contendere/guilty plea. This means that I can never be charged with the same criminal incident again. Upon successful completion, the participant must file a motion for expungement. Upon the motion for expungement being granted, the Court will then enter an order expunging my record with respect to the case.

\_\_\_\_\_ 22. The conditions of the Veterans Treatment Court Program include the imposition of sanctions and incentives designed to help motivate me to succeed in my recovery efforts. Possible sanctions include but are not limited to the following: community service, house arrest, curfew, writing essays, spending time in the jury box observing Veterans Court proceedings, short-term incarceration, etc. I waive any and all due process rights I may have pertaining to the imposition of sanctions that do not result in my termination from the Veterans Treatment Court Program.

\_\_\_\_\_ 23. I understand that, upon recommendation of the Veterans Court Team, I may be terminated from the Veterans Treatment Court Program at the discretion of the Court. I may have counsel with me to assist me at any termination and sentencing proceeding.

\_\_\_\_\_ 24. I hereby waive any right to file a legal challenge to the Court's decision to remove me from the Veterans Treatment Court Program or the removal procedure, provided that I have notice of the hearing and an opportunity to be represented by counsel at said hearing.

\_\_\_\_\_ 25. If I am removed from the Veterans Treatment Court Program, I will be scheduled for a sentencing hearing at which time I will be sentenced in accordance with the applicable law. I hereby waive my right to have a Pre-sentence Investigation Report prepared in advance of sentencing.

\_\_\_\_\_ 26. I understand that, in addition to any Program requirements set forth in this colloquy, I must successfully complete (i) all Veterans Treatment Court Program requirements set for by the Office of Adult Probation/Parole, (ii) any term or condition imposed by the Veterans Court Judge and/or Hearing Officer. **I UNDERSTAND THAT I MAY NOT FILE A LEGAL CHALLENGE OR APPEAL ANY CONDITION OR SANCTION IMPOSED BY THE COURT IN THE PROGRAM, OTHER THAN THROUGH THE CHALLENGE PROCESS FOR DRUG TESTING OR MONITORING SET FORTH HEREIN. I UNDERSTAND THAT MY ONLY REMEDY TO AVOID THE IMPOSITION OF A CONDITION OR SANCTION IS TO VOLUNTARILY WITHDRAW FROM THE PROGRAM AND BE SENTENCED ACCORDINGLY.**

\_\_\_\_\_ 27. I have had enough time to fully discuss my decision to enter the Veterans Treatment Court Program, and everything contained in this colloquy, with my lawyer, and by placing my initials on all the lines provided, I am saying that I understand, agree with, and answered truthfully everything contained within this colloquy.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Defendant

**STATEMENT OF DEFENDANT’S ATTORNEY**

I represent the Defendant in the above-captioned case. I have explained the rights and obligations set forth in this document to the defendant and I am satisfied that the defendant understands all these rights and obligations.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Attorney ID#

# Delaware County Veterans Treatment Court

## Phase 1 Goals

Name: \_\_\_\_\_

Staff: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

**Review each Goal with Staff and Initial you understand the expectation**

\_\_\_\_\_ I will attend Veterans Treatment Court every other week or as ordered.

\_\_\_\_\_ I will report to my Probation Officer at a minimum of once per week.

\_\_\_\_\_ I will follow through with the treatment goals developed in partnership with the Veterans Treatment Court Team and the recommendations from my treatment.

\_\_\_\_\_ I will attend all appointments with my Veterans Justice Outreach Caseworker.

\_\_\_\_\_ I will cooperate, as needed, with a volunteer mentor.

\_\_\_\_\_ I will comply with urine drug screens as requested.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# Delaware County Veterans Treatment Court

## Phase 2 Goals

Name: \_\_\_\_\_

Staff: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

**Review each Goal with Staff and Initial you understand the expectation**

\_\_\_\_\_ I will attend Veterans Treatment Court every other week or as ordered.

\_\_\_\_\_ I will report to my Probation Officer regularly as directed.

\_\_\_\_\_ I will attend all appointments with appropriate treatment agencies.

\_\_\_\_\_ I will continue to actively carry out the plans developed by the Veterans Treatment Court Team and recovery plans (developed with treatment provider)

\_\_\_\_\_ I will demonstrate continued abstinence from drugs and alcohol.

\_\_\_\_\_ I will demonstrate consistent payment of all applicable restitution I may owe.

\_\_\_\_\_ I will work with my Probation Officer to identify something important to accomplish during Phase III that I was unable to previously accomplish due to my addiction or mental health diagnosis.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# Delaware County Veterans Treatment Court

## Phase 3 Goals

Name: \_\_\_\_\_

Staff: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

**Review each Goal with Staff and Initial you understand the expectation**

\_\_\_\_\_ I will attend Veterans Treatment Court once per month.

\_\_\_\_\_ I will report to my Probation Officer and/or VJO at least once per month.

\_\_\_\_\_ I will attend all appointments with appropriate treatment agencies.

\_\_\_\_\_ I will remain committed to the plan developed for me by the Veterans Treatment Court Team and my treatment provider.

\_\_\_\_\_ I will demonstrate continued abstinence from drugs and alcohol.

\_\_\_\_\_ I will demonstrate ongoing stability regarding housing and financial management.

\_\_\_\_\_ I will work with my Probation Officer to accomplish a goal that I was unable to previously accomplish due to my addiction or mental health diagnosis.

\_\_\_\_\_ I will complete any remaining conditions that were ordered by the court for this case.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



Department of Veterans Affairs

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

**PRIVACY ACT INFORMATION:** 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. VHA 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" and in accordance with the VHA Notice of Privacy Practices. VA may also use this information to identify Veterans and persons 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*)

Coatesville VA Medical Center 1400 Blackhorse Hill Road Coatesville PA and any other VHA hospital system where the Veteran has or will receive services.

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

Delaware County Court/Veterans Court all affiliated individuals, agencies, attorneys, and court evaluator -see attached listing. Veteran agrees to additional guests of the court/research investigators.

**VETERAN'S REQUEST**

I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

DRUG ABUSE

SICKLE CELL ANEMIA

ALCOHOLISM OR ALCOHOL ABUSE

TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (*HIV*)

**DESCRIPTION OF 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*): all summaries- past 2 yrs until legal issues resolved

PROGRESS NOTES:

SPECIFIC CLINICS (*Name & Date Range*): relevant clinic-past 2 yrs until legal issues resolve

SPECIFIC PROVIDERS (*Name & Date Range*): all providers until legal issues resolved DATE

RANGE: past 2 years until legal issues resolved

OPERATIVE/CLINICAL PROCEDURES (*Name & Date*): \_\_\_\_\_

LAB RESULTS:

SPECIFIC TESTS (*Name & Date*): \_\_\_\_\_

DATE RANGE: All drug utox screens past and future as deemed relevant by cour

RADIOLOGY REPORTS (*Name & Date*): \_\_\_\_\_

LIST OF ACTIVE MEDICATIONS \_\_\_\_\_

OTHER (*Describe*): All relevant medical record information needed for court supervision.

**PURPOSE(S) OR NEED**

Information is to be used by the individual for:

TREATMENT

BENEFITS

LEGAL

OTHER (*Specify below*)

Updated/Revised  
November 2022 JR

LAST NAME- FIRST NAME- MIDDLE INITIAL		LAST 4 SSN	DATE OF BIRTH
<b>AUTHORIZATION</b>			
<p>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>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>			
<b>EXPIRATION</b>			
<p>Without my express revocation, the authorization will automatically expire.</p> <p>UPON SATISFACTION OF THE NEED FOR DISCLOSURE</p> <p>ON _____ (enter a future date other than date signed by patient)</p> <p>UNDER THE FOLLOWING CONDITION(S): <u>Upon completion/discharge of court program and probat</u></p>			
PATIENT SIGNATURE (Sign in ink)		DATE (mm/dd/yyyy)	
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)		DATE (mm/dd/yyyy)	
PRINT NAME OF LEGAL REPRESENTATIVE		RELATIONSHIP TO PATIENT	
<b>FOR VA USE ONLY</b>			
<p><b>TYPE AND EXTENT OF MATERIAL RELEASED</b></p> <p>VJO will provide summary of progress via written, verbal, telephonic and secured email that is required by court for monitoring of patient progress in treatment and compliance with legal conditions of Veteran Treatment Court participation, inclusive of all relevant medical record information both past and future. Information will include but not be limited to: diagnoses (medical, mental health, and substance/alcohol), relevant labs, medical diagnoses, progress in treatment programming, developmental, social, financial and military data as relevant to court/legal circumstances to the designated court team and additional guests as permitted by authorization. Information will be shared at regular intervals as needed by the Court Team to adequately assess progress of Veteran and compliance with court and probation guidelines. The authorization will expire upon Veteran discharge or successful completion of court program and probation period which may last longer than the court program. Medical record information is subject to review in open court docket.</p>			
		Updated/Revised November 2022 JR	
DATE RELEASED	RELEASED BY:		

**Please Read Before You Start.** .. What is VA Form 10-10EZ used for?

It is used for Veterans to apply for enrollment in the VA health care system, or dental benefits.

The information provided on this form will be used by VA to determine your eligibility for medical benefits and on average will take 45 minutes to complete. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

Where can I get help filling out the form and if I have questions?

You may use ANY of the following to request assistance:

- Ask VA to help you fill out the form by calling us at 1-877-222-VETS (8387).
- Access VA's website at <http://www.va.gov> and select "Contact the VA."
- Contact the Enrollment Coordinator at your local VA health care facility.
- Contact a National or State Veterans Service Organization.

Definitions of terms used on this form

**SERVICE-CONNECTED (SC):** A VA determination that an illness or injury was incurred or aggravated in the line of duty, in the active military, naval or air service.

**NONCOMPENSABLE:** A VA determination that a service-connected disability is not severe enough to warrant monetary compensation.

**COMPENSABLE:** A VA determination that a service-connected disability is severe enough to warrant monetary compensation.

**NONSERVICE-CONNECTED (NSC):** A Veteran who does not have a VA determined service-related condition.

**Getting Started: ALL VETERANS MUST COMPLETE SECTIONS I - IV. Directions for Sections I - IV:**



**INSTRUCTIONS FOR COMPLETING APPLICATION FOR HEALTH BENEFITS:**

Section 1 - General Information; Answer all questions, Note; *Veterans determined by a 1/4 clinician to be Catastrophically Disabled are enrolled in Priority Group 4, unless eligible for a higher Priority Group, and are exempt from inpatient, outpatient and prescription copays. However, these Veterans may still be subject to copayments for extended care (long-term) services,*

Section II - Insurance Information: Include information on all health insurance companies that cover you, this includes coverage provided through a spouse or significant other. Bring your insurance cards, Medicare and/or Medicaid card with you to each health care appointment.

Section III - Employment Information: If you are employed or retired, answer all questions.

Section IV - Military Service Information: if you are not currently receiving benefits from VA, you may attach a copy of your discharge or separation papers from the military (such as DD-214 or, for WWII Veterans, a "WD" Form), with your signed application to expedite processing of your application. If you are currently receiving benefits from VA, we will cross-reference your information with VA data.

**Directions for Sections V - IX:**

Section V - Financial Disclosure: ONLY NSC and WANONCOMPENSABLE SERVICE-CONNECTED VETERANS WHO ARE NOT:

- A former Prisoner of War or;
- In receipt of a Purple Heart or;
- A recently discharged Combat Veteran or;
- discharged for a disability incurred or aggravated in the line of duty or;
- receiving VA service-connected disability compensation or;
- receiving VA pension or;
- In receipt of Medicaid benefits or;
- determined by VA to be Catastrophically Disabled

MUST COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY AND COPAY RESPONSIBILITY FOR VA health care enrollment and/or care or services. Failure to provide financial information, if required to do so, may result in denial of VA health care enrollment.

Section VI - Dependent Information: Your spouse and dependent social security number•(s) are required so we can verify their financial and insurance information through a computer-matching program.

Section VII - Previous Calendar Year Gross Annual Income of Veteran, Spouse and Dependent Children: Answer applicable questions

Section VIII - Previous Calendar Year Deductible Expenses: Answer applicable questions

Section IX - Previous Calendar Year Net Worth: Answer applicable questions

NOTE: All other Veterans may wish to provide this financial assessment to determine, as applicable, their eligibility for cost-free • medication for their NSC conditions, beneficiary travel eligibility and/or waiver of the beneficiary travel deductible requirement.

**Additional Information for completing your application:**

Answer all questions in the appropriate sections. If you need more space to answer a question, attach a sheet of paper to the form containing your name and Social Security Number, if you need more room to respond to a question, write "Continuation of Item" and write the section and question number.

Section II - Insurance Information.

Include information for all health insurance policies that cover you, this includes coverage that is provided through spouse or significant other. Tryon have more than one health insurer, provide this information on a separate sheet of paper and attach to the application. If you have access to a copier, attach a copy of your insurance cards, Medicare card and/or Medicaid card (Medicaid is a federal/state health insurance program for certain low-income people). Bring these cards with you to each health care appointment.

#### Section IV - Military Service Information.

If you are not currently receiving benefits from VA, you may attach a copy of your discharge or separation papers from the military (such as DD-214 or, for WWII veterans, a "WD" Form), with your signed application to expedite processing of your application.

If you indicate that you received a Purple Heart Medal, we will check our records for confirmation of your status. If we are unable to confirm your Purple Heart status, we will ask you to provide VA a copy of your DD-214 or other military service records or orders indicating your award. To reduce processing time, you may submit a copy of this documentation with your application.

#### Section V - Financial Disclosure.

You are not required to disclose your financial information; however, VA is not currently enrolling new applicants who decline to provide their financial information unless they have other qualifying eligibility factors. If a financial assessment is not used to determine your priority for enrollment, you may choose not to disclose your information and agree to make co-payments for treatment of your NSC conditions. If a financial assessment is used to determine your eligibility for cost-free medication, travel assistance or waiver of deductible, and you do not disclose your financial information, you may not be eligible for these benefits.

#### Section VI - Dependent Information - Include the following:

- Your spouse even if you did not live together, as long as you contributed support last calendar year.
- Your biological children, adopted children, and stepchildren who are unmarried and under the age of 18, or at least 18 but under 23 and attending high school, college or vocational school (full or part-time), or became permanently unable to support themselves before age 18.  
A Child support contribution. Contributions can include tuition or clothing payments or payments of medical bills.

#### Section VII -Previous Calendar Year Gross Annual Income of Veteran, Spouse and Dependent Children.

##### Report:

- Gross annual income from employment, except for income from your farm, ranch, property or business. Include your wages, bonuses, tips, severance pay and other accrued benefits and your child's income information if it could have been used to pay your household expenses.
- Net income from your farm, ranch, property, or business.
- Other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability income, compensation benefits such as VA disability, unemployment, Workers and black lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.

## **The Ten Key Components of Veterans Treatment Courts** **(CREDIT: JUSTICE FOR VETS)**

### **10 KEY COMPONENTS FOR VETERANS TREATMENT COURTS**

(Courtesy: Justice for Vets)

**Key Component #1:** Veterans Treatment Court integrate alcohol, drug treatment, and mental health services with justice system case processing

**Key Component #2:** Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

**Key Component #3:** Eligible participants are identified early and promptly placed in the Veterans Treatment Court program.

**Key Component #4:** Veterans Treatment Court provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services.

**Key Component #5:** Abstinence is monitored by frequent alcohol and other drug testing.

**Key Component #6:** A coordinated strategy governs Veterans Treatment Court responses to participants compliance.

**Key Component #7:** Ongoing Judicial interaction with each Veteran is essential.

**Key Component #8:** Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

**Key Component #9:** Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations.

**Key Component #10:** Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veteran Treatment Court effectiveness.