

3rd District Veterans Treatment Court Application

Case Number(s) _____

Name: Last _____ First _____ MI _____

Date of Birth _____ LAST FOUR OF SOCIAL SECURITY: _____

Currently Incarcerated Yes / No Where: ADC / Other: _____ Booking Date: _____ SO# _____

Address (if incarcerated, the address you intend to occupy): _____

City _____ Zip Code _____ Persons who live there: _____

Telephone# (Home) _____ (Cell) _____ (Work) _____

***MILITARY EXPERIENCE**

Did Applicant serve in the U.S. military? Yes No

Dates of service: _____

Branch: _____

Discharge type: _____

Is Applicant receiving—or has he or she received in the past—services from the Veterans Administration? Yes No

***SUBSTANCE ABUSE HISTORY AND TREATMENT (if applicable)**

Drugs used and length of use for each: _____

Ways used (smoking, IV, etc.): _____

Treatment history: _____

***COURT INFORMATION** Potential additional charges: Yes / No Currently on probation or parole: Yes / No

Supervising Agency _____ Agent's Name _____

Next Court Date _____ Judge _____ Type of hearing _____

VA Health Care Eligibility Verified (Verification to be made through Dagny) – **ROI COMPLETED and ATTACHED**

I have been charged with a criminal offense. I hereby request to be considered for the Salt Lake County Veterans Court Program. I understand that as part of a potential resolution to my case(s) through the Salt Lake County Veterans Court Program, I am required to undergo a Risk and Needs Triage Assessment ("RANT"), administered by Salt Lake County Criminal Justice Services ("CJS"). I understand that the opportunity to participate in this program is a privilege, not a right. I acknowledge that if I am accepted, there will be rules and responsibilities that I will be expected to follow. I understand that I can expect to receive incentives when I progress in the program and sanctions when I do not.

I hereby grant permission to disclose and deliver to Veterans Court Personnel, Criminal Justice Service Personnel assigned to screening for Veterans Court, Veterans Administration Personnel, the Deputy District Attorney assigned to Veterans Court, the Legal Defender assigned to Veterans Court, and counsel representing me, any and all information contained in this application and any subsequent records from any Salt Lake County Court/District Attorney's Office. Such information may include my criminal history, medical, mental health and psychiatric record information. This information is used in reference to decisions related to my involvement and participation in the Salt Lake County Veterans Court.

I swear the statements in this application are true, correct and complete to the best of my knowledge. I understand and agree that this application shall be used solely for Salt Lake County Veterans Court purposes, is part of a plea negotiation and will not be used against me as evidence in a court of law.

Applicant's Signature: _____ **Date:** _____

As defense counsel for the above named defendant, I request that the defendant be referred for participation in the Salt Lake County Veterans Court Program. I have discussed with my client the requirement to actively participate in treatment and the rights the defendant will give up on entering Veterans Court.

Defense Attorney's Signature: _____ **Date:** _____

PRINT NAME: _____ **EMAIL:** _____

I agree that the defendant is an appropriate candidate for consideration for the Salt Lake County Veterans Court Program.

Name of Assigned Prosecutor: _____