Fairfax County
Veterans Treatment Docket
Coordinator

Applicant:

This packet of material is to provide you with the forms that you will need to apply for the Fairfax County Veterans Treatment Docket (VTD) program.

The materials include:

1. a summary of the steps in the VTD Referral Process
2. the Eligibility Criteria for the program
3. a blank Participant Application Form
4. a blank "release of information" form
5. a blank Participant Performance Contract
6. a blank Probation Contract

In order to initiate the application process, you will need to submit a complete Application Form (with a copy of your DD-214 attached) and a signed "release of information" form. You may e-mail these to me at john.leech@fairfaxcounty.gov

Please feel free to call if you have questions about the process.

John Leech
Coordinator
Fairfax County Veterans Treatment Docket
(703) 915-4122

Referral Process

STEP 1 – APPLICATION

- Defendant/Counsel obtain an application package online or from Veterans Treatment Docket Coordinator's office.
- Defense Counsel reviews with the defendant the VTD process and requirements.
- The defendant completes the participant application and the Release of Information form, reviews the contracts (Probation and Performance Contracts) and discusses any concerns with the VTD Coordinator.
- Defense Counsel/Defendant submits the application (including the DD-214) and the ROI form directly to the VTD Coordinator.

STEP 2 – COUNTY ELIGIBILITY

- VTD Coordinator discusses case with Commonwealth Attorney, and confirms that County does not reject the application outright.
- If not rejected, the Coordinator contacts defense to ask that they initiate discussion on the Performance Contract with the Commonwealth Attorney.

STEP 3 – VA ELIGIBILITY

- Treatment Docket Coordinator forwards relevant information to the Veterans Justice Outreach (VJO) Specialist, who reports back on the defendant's VA eligibility.

STEP 4 – TREATMENT ELIGIBILITY

- The defendant is given an initial screening by VTD staff, for substance use issues, mental health issues, PTSD, and TBI.

STEP 5 - TREATMENT TEAM REVIEW

- Treatment Team meets to review the charges, previous record and history to determine eligibility into Treatment Docket and makes recommendation for the defendant's treatment plan, based upon county, VA, and treatment eligibility recommendations.
- If the Treatment Team agrees with entry into the VTD, the Coordinator confirms upcoming dates with the defendant/counsel, including a plea date that is no less than two weeks from the date of review, to permit negotiation of the Performance Contract.
- If the Treatment Team does not agree with entry into Treatment Docket, the Treatment Docket Coordinator will notify the Defense Attorney.

Eligibility Criteria

As a defendant, you must plead guilty to be considered for Veterans Treatment Docket services.

Eligibility guidelines include:

Legal Eligibility

- You must have been discharged other than dishonorably from any branch of the United States Military, the Reserves, or the National Guard.
- You will have a misdemeanor- or felony-level offense with prosecutorial consent.
- You will have no history of serious or repetitive violence (reviewed by designated Prosecutor and Treatment Team).
- You may be excluded if any of the following is the case: incompetent to stand trial, history of sex offenses, offenses involving weapons in the commission of the crime, violent offense as defined in §19.2-297.1, or persistent offending unrelated to mental health or other behavioral health illnesses.

Treatment Eligibility

- You must be diagnosed with Post-Traumatic Stress Disorder (PTSD) or other trauma, mental health, substance use and/or related co-occurring disorders.

You must have identified treatment needs that can be met by the program, and be willing to engage in the services provided.

Fairfax County Veterans Treatment Docket

Participant Application Form

PERSONAL INFORMATION

Last Name:_____ First Name:_____

Address:_____

City_____ State:_____

Zip Code:_____

Phone:_____ E-mail:_____

DOB: Gender:_____

Social:_____ Race:_____

REFERRAL INFORMATION

Referral Source Date: _____

MILITARY HISTORY

Branch:_____ Length of Service:_____

Discharge:_____ Date of Discharge:

Note: Applicants must attach their DD214 to this application before submitting.

PENDING CHARGES

Case #:_____ Date:

Charges:_____

Confinement Location:__

Date Admitted:

Defense Counsel:_____

Phone:_____ E-mail:_____

MENTAL HEALTH HISTORY (if applicable) Diagnoses:_____ Date:

Treatment Provider:

Phone:

Treatment History:

SUBSTANCE ABUSE HISTORY (if applicable)

Substance of Choice:

First Use:

Treatment History:

CRIMINAL HISTORY

List any prior criminal involvement, beginning with the most recent.

Date: _____ Charge: _____

Description:

Result:

Date: _____ Charge: _____

Description:

Result:

IMPORTANT: Please attach your DD-214

Fairfax County General District Court
Veterans Treatment Docket
Multi-Agency Authorization to Disclose or Request Protected Information

I, _____ _____ _____
Individual's Name (Please Print) *Case Number* *Date of Birth*

_____
Address

Authorize the Fairfax County General District Court to ☒Exchange with, ☐Release to, ☐Receive from
The following Provider/Organization/Individual

☒ Fairfax County Court Services
☒ Department of Veterans Affairs
☒ Fairfax County Police Department
☒ Fairfax County Commonwealth's Attorney
☐ _____

☒ Fairfax-Falls Church Community Services Board
☒ Fairfax County Sheriff's Department
☒ Fairfax County Public Defender's Office
☒ Veterans Treatment Docket Coordinator
☐ _____

The following information: Assessment information, clinical summary, results of urine/breath tests, medical records, service records, treatment recommendations, treatment plans, progress in treatment, discharge plans, psychiatric/evaluation, criminal history, social history, jail and custody data, educational history and any claimant and /or benefit information.

This authorization is in effect for the time period from this date until 60 days after discharge.

This authorization allows the indicated providers to share information described above for ongoing use or disclosure during the time period specified above.

The purpose of this disclosure is: ***Monitoring compliance & Coordination of services.***

These records may be protected by Federal Drug & Alcohol Confidentiality Regulations (42 CFR Part 2). If these records are protected by 42 CFR, Part 2, I understand a recipient is prohibited from making any further disclosure of this information unless expressly permitted by my written authorization, except as otherwise permitted by the Regulations. 42 CFR Part 2 also restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

If these records are not protected by 42 CFR Part 2, I understand that the HIPAA Privacy Regulations require I be advised that information used or disclosed based on this authorization may be subject to re-disclosure and no longer protected by federal HIPAA regulations.

I understand that:

Service providers using or disclosing information based on this authorization are to share the minimum necessary amount of the specified information to accomplish the purpose of the disclosure outlined above.

The provision of treatment, payment, enrollment, or eligibility for benefits does not depend on whether I sign this authorization.

I may revoke (or cancel) this authorization at any time by submitting a written statement of revocation to one of the staff contacts listed above, except to the extent that the identified service providers already have taken action based on this authorization, or if I am participating in treatment as a condition of my criminal justice status.

The information to be released has been fully explained to me and this authorization is given of my own free will.

I am entitled to a copy of this signed authorization.

Individual's Signature: _____ Date: _____
Other Signature: _____ Date: _____
Other Signee's Role**:** ☐ *Guardian* ☐ *Authorized Representative*

Record of Revocation of Authorization

Date authorization revoked/terminated: _____
*Date parties to authorization advised of Revocation:*_____

FAIRFAX COUNTY VETERANS TREATMENT DOCKET
PARTICIPANT PERFORMANCE CONTRACT

PARTICIPANT:_____ **Case No.:** _____

DATE: _____ **Charge(s)** _____

I voluntarily agree to enter the Fairfax County Veterans Treatment Docket. I understand and agree that I have certain obligations and responsibilities and will have to follow orders from the Judge, Treatment Team and others involved in the Veterans Treatment Docket Program. I acknowledge that I have consulted with my attorney regarding the legal ramifications of entering into the Veterans Treatment Docket Program (the "Program") and that I have reviewed this document with my attorney.

I have carefully read this contract and agree to its terms.

I understand this contract has the following terms and conditions:

1. That the length of the contract is a minimum of twelve (12) months and I agree that I will remain in the program until I successfully complete the terms that are imposed by the Program or I am terminated from the Program;

2. That I will plead guilty to _____.

3. That if I successfully complete the Veterans Treatment Docket my sentence will be:

_____

_____

4. That if I am unsuccessfully discharged from the Veterans Treatment Docket my sentence will be:

_____

_____

5. That I waive the right to a due process hearing, confrontation and cross-examination of witnesses, use of subpoenas, speedy trial and appeal with respect to this case and a determination by the Docket of a program or contract violation;

6. That any and all determinations of a Program or Contract violation will be made by the Docket Judge, in conjunction with information and input from the Treatment Team and /or others with knowledge of the violations(s);

7. That I will report as directed by the Judge. I will keep appointments for:

   a. Court
   b. Treatment
   c. Case Management
   d. Probation
   e. Support Groups
   f. All other appointments ordered by the Court

8. That I understand that I will appear before Probation Staff and the Docket Judge on a regular basis with counsel to report on progress in the program and that I am subject to sanctions for failure to comply with the rules of the program.

9. I will take my medication as prescribed to me by my treatment providers. I will make the Treatment Team aware of all medications that I am prescribed or over-the-counter medications that I am taking.

10. I will allow and cooperate with home visits from my probation officer, case manager and any other designated Treatment Docket team member or designated representative.

11. I will obey all city, state and federal laws. If I take part in any criminal act, I may be terminated from the Program. I will tell my Probation Officer immediately if I have contact with any law enforcement officer. I understand that I must follow all rules of Fairfax County Probation.

12. I will not use or possess any illegal drugs. I will submit to drug testing when instructed. I understand that if I fail to submit to a drug screen, tamper with the urine specimen, if the urine is diluted, or if I fail to provide a sufficient quantity of urine, I will be sanctioned as if the test provided was positive for illegal substances.

13. I will talk to my Probation Officer and Case Manager before I make changes in address, phone number or employment.

14. I will comply with all financial obligations, including restitution, fines, Court costs, probation service fees and child support as directed by my probation officer and/or the Docket Judge.

15. I will follow any rehabilitation, educational, vocational, medical, psychiatric, or substance abuse treatment program assigned by the Docket Judge.

16. I will sign all releases of information needed by the Program, treatment providers, VA, and/or other resource providers. I understand there is a purpose and need for the disclosure of information to inform the Program of my attendance and progress in treatment. The extent of information to be disclosed will include, but not be limited to, my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with treatment programs, my prognosis, and results of my drug and alcohol screens.

17. I will cooperate and comply with my supervision plan and any subsequent or amended supervision plans. The Docket Judge will impose requirements on me at time of sentencing or as sanctions for program violations. I understand that by entering into the Program that I am waiving certain constitutionally-guaranteed rights which I might otherwise be entitled. Those rights include, but are not limited to:

    a. Waiver of any objection to the Docket Judge receiving communication regarding participant's treatment, progress and rules violations;
    b. Waiver of the right to contest the results of drug and alcohol testing results at review hearings;
    c. Waiver of the right to remain silent and not to incriminate myself at the review hearings regarding violations of the rules of the Program; and
    d. Waiver of the right to freely associate with other persons who, in the sole discretion of the Program, interfere with or impede my recovery.

18. I understand that immediate action may be taken if I:
    a. Don't keep an appointment ordered by the Docket Judge (unexcused absences);
    b. Don't comply with instructions from treatment providers or Treatment Docket team members;

c. Test positive for any non-prescribed drugs;
d. Violate Court orders or break the law.

19. I shall be subject to sanctions which may be imposed by the Docket Judge in furtherance of treatment. Sanctions shall be imposed by the Docket Judge as a result of non-compliance or a violation of a Program rule. I am aware that the Docket Judge and the Treatment Team will be alerted to all such infractions. Sanctions may range in severity depending on the seriousness of the participant's non-compliance or rule violation. Sanctions may include, but are not limited to:

    a. More frequent appearances before the Docket Judge;
    b. More frequent appearances before the probation department;
    c. Increased testing of breath, blood or urine for drugs or alcohol;
    d. Increased group and/or meeting attendance;
    e. Verbal admonishment from the Judge;
    f. Written reports;
    g. Community service work;
    h. One or multiple days seated in the Courtroom;
    i. Electronic Monitoring, (EMU);
    j. Jail time;
    k. Termination from the Program; and/or
    l. Formal probation violation.

20. I will cooperate with all treatment and services outlined in my Veterans Treatment Docket treatment plan and any subsequent or amended treatment plans.

21. I understand that the length of the program is determined by my progress and compliance with program guidelines, rules and conditions. I must successfully complete all phases of the program in order to complete and graduate from the program.

22. When I am in the Courtroom I will dress and act appropriately. I will be on time for Court.

23. I will be supervised by the Program UNTIL FURTHER ORDERED BY THIS COURT.

24. I have received and read the Participant Handbook. I fully understand the requirements of participation in the Program and have had an opportunity to ask questions of my attorney.

25. I agree to the special conditions as follows:

_____

_____

_____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I FREELY AND VOLUNTARILY RELINQUISH THE RIGHTS DISCUSSED HEREIN, AND THAT I AGREE TO ABIDE BY ALL THE RULES AND CONDITIONS OF THE VETERANS TREATMENT DOCKET PROGRAM.

_____	_____
Judge	Participant
_____	_____
Prosecutor	Defense Attorney

FAIRFAX COUNTY COURT SERVICES
VETERANS TREATMENT DOCKET
SPECIAL CONDITIONS OF PROBATION

A. I will comply with the following referrals/assessments and any recommended treatment:

- Substance Abuse Education:._____
- Substance Abuse Counseling: _____
- Mental Health Evaluation/Treatment: _____
- Anger Management/Domestic Violence Program: _____
- Sex Offender Evaluation/Treatment:_____

B. I will comply with the Driving on Suspended Diversion Program:

- Pay court costs and fines to:_____
- Attend and complete Driver Improvement Clinic.
- Provide proof of insurance to the DMV. □ Pay reinstatement fee to the DMV.
- Provide proof of compliance to my Probation Officer, no later than: _____

C. I will comply with the Alcohol Diversion Program:

- Complete hours of community service; no later than:
- Attend and complete Alcohol Education Class on_____

D. I will comply with the Veterans Treatment Docket program condition.

E. I will pay restitution in the amount of $ _____ . Due no later than: _____
I will make payments at a minimum of $_____ per month.
Restitution payments must be paid in the form of a money order or cashiers check, made payable to the Fairfax County General District Court and submitted to my Probation Officer.

F. I will perform _____ hours of community service work, to be completed by: _____

G. I will pay all court costs and fines as ordered by the Court. $ _____ Due:

H. I will comply with any other special conditions.

You are being placed on probation subject to the conditions listed above. Failure to comply with these conditions may result in your case being returned to court at which time your probation may be revoked and jail time imposed.

I have read the above, and/or had the above read and explained to me, and by my signature or mark below acknowledge receipt of the Special Conditions of Probation and agree to the conditions above.

_____ _____

Probationer Date

_____ _____

Probation Officer Date