

Fairfax County Veterans Treatment Docket Application Instructions

To the Applicant and Counsel,

This packet of material provides the information and forms needed to apply for consideration for entry to the Fairfax County Veterans Treatment Docket (VTD) program.

The materials are:

1. The Eligibility Criteria for the program
2. The Referral Process, which summarizes the steps
3. A blank Participant Application Form, 2 pages
4. A blank Authorization to Disclose or Request Protected Information form, 1 page
5. A blank Participant Performance Contract form, 3 pages
6. A blank Special conditions of Probation form, 1 page

To begin the consideration process, submit to Don Northcutt, the Docket Coordinator, and to Katie Pavluchuk, Assistant Commonwealth's Attorney, by email or hand delivery, a completed **Participant Application Form** and a completed and signed **Authorization to Disclose or Request Protected Information** form, along with a copy of **your most recent DD-214**.

NOTE: If you have the current four-page version of DD-214, submit a copy of page 4. If you have the older one-page version, submit a copy of the most recent.

Feel free to contact me if you have any questions.

Don Northcutt

Coordinator, Fairfax Veterans Treatment Docket
703-246-2592, Donald.Northcutt@fairfaxcounty.gov
General District Court, Court Services, Room 203
4110 Chain Bridge Road
Fairfax, Va 22030

Fairfax County Veterans Treatment Docket Eligibility Criteria

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

Eligibility guidelines include:

Legal Eligibility

- You must have served in the Armed Forces of the United States: Army, Marine Corps, Navy, Air Force, Coast Guard, National Guard, or any Reserve component.
- You must have been discharged other than dishonorably from the Armed Forces.
- You must have a misdemeanor- or felony-level offense with prosecutorial consent.
- You must have no history of serious or repetitive violence (reviewed by Prosecutor and the 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 a crime, violent offense as defined in §19.2-297.1, or persistent offending unrelated to mental health or behavioral health illnesses.

Treatment Eligibility

- You must be diagnosed with Post-Traumatic Stress Disorder (PTSD) or other trauma, mental health, substance abuse and/or 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 Referral Process

STEP 1 – APPLICATION

- Defendant/Counsel obtain an application package on-line or from the Veterans Treatment Docket Coordinator's office in Room 214.
- Defense Counsel reviews with the defendant the VTD process and requirements.
- Defendant completed the Participant Application and the Release of Information form, reviews the contracts (Probation and Performance) and discusses any concerns with the VTD Coordinator.
- Defense Counsel/Defendant submits the Application, the ROI for, **and the most recent copy of the DD-214 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY** to the VTD Coordinator.
 - If the DD-214 is the currently used 4-page version, submit a copy of page 4.
 - If the DD-214 is the older, single-page version, submit a copy of the most recent.

STEP 2 – COUNTY ELIGIBILITY

- VTD Coordinator discusses the case with the Commonwealth's Attorney to confirm the County has not objection to the application.
- If not rejected, the Coordinator informs Defense Counsel to begin discussion with Commonwealth's Attorney to discuss the Performance Contract.

STEP 3 – VETERANS BENEFITS ELIGIBILITY

- VTD Coordinator requests the Veterans Justice Outreach Specialist (VJO) report on the defendant's edibility for benefits from the Department of Veterans Affairs.

STEP 4 – TREATMENT ELIGIBILITY

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

STEP 5 – TREATMENT TEAM REVIEW

- Treatment Team meets to review the charges, previous record and history to determine eligibility; based upon recommendations from the Commonwealth's Attorney, the Veterans Justice Outreach Specialist, and the Treatment Coordinator, makes a recommendation for the Defendant's Treatment Plan.
- If the Treatment Team agrees with the acceptance into the VTD, the Coordinator confirms upcoming dates with the Defendant/Counsel:
 - a plea date that is no less than two weeks from the date of Treatment Team's review, to permit negotiation of the Performance Contract;
 - a date to sign the contract and appear in the Veterans Treatment Docket.
- If the Treatment Team does not agree with acceptance into the VTD, the Coordinator will notify Defense Counsel.

Fairfax County Veterans Treatment Docket Participant Application

PERSONAL INFORMATION

Last Name: _____ First _____ Middle _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

DOB _____ Gender _____ SSN _____

Race

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other |

"Hispanics or Latinos should be counted in the race category that best describes their racial identity, including White, Black or African American, Asian, American Indian or Alaska Native, Pacific Islander or Native Hawaiian, or Multiracial."

Ethnicity (check only one)

Gender (check only one)

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Hispanic or Latino/a | <input type="checkbox"/> Male |
| <input type="checkbox"/> Non-Hispanic or Latino/a | <input type="checkbox"/> Female |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |

MILITARY HISTORY

Branch **ARMY** **MARINES** **NAVY** **AIR FORCE** **COAST GUARD** **NATIONAL GUARD** **RESERVES**

Length of Service _____ Years _____ Months

Type of Discharge _____ Date of Discharge: _____

Note: Applicant must attach the DD214 to this application for consideration.

PENDING CHARGES

Case Numbers & Dates _____

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. *If necessary attached a separate sheet.*

Date: _____ Charge: _____

Description:

Result:

Date: _____ Charge: _____

Description:

Result:

IMPORTANT: Please attach a copy of your most recent DD-214; if you have the four-page version DD-214, submit page 4. If you have the older single-page version, submit that.

Questions? Don Northcutt, Coordinator, Fairfax County Veterans Treatment Docket

703-246-2592 Donald.Northcutt@fairfaxcounty.gov

Kathryn Pavluchuk, Assistant Commonwealth's Attorney

703-246-2776 Kathryn.Pavluchuk@fairfaxcounty.gov

8-3-2016

**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