

VETERANS TREATMENT COURT PARTICIPANT HANDBOOK





Tarrant County Veterans Treatment Court

INFORMED CONSENT FOR SUBMISSION OF APPLICATION AND PERMISSION TO RELEASE INFORMATION

The goals of the Tarrant County Veterans Treatment Court (VTC) are consistent with [Chapter 124 of the Texas Senate Bill 1474](#), to provide diversion of Justice-Involved Veterans, whom military service resulted in a brain injury, mental illness, or mental disorder, including post-traumatic stress disorder. The VTC identifies eligible veterans and link them to needed services as an alternative to subjecting those defendants to the traditional criminal justice system. By successfully completing the program, charges for eligible participants will be dismissed and immediately eligible for expungement.

You understand that you are applying to the Tarrant County VTC and all information collected will help determine if you meet criteria for admission into the Tarrant County VTC. You understand that submission of your application and DD214 does not mean you are accepted into the program and as such, you are required to follow all current bonds, pretrial or court ordered conditions.

You hereby consent as described above and give permission for information gathered during the application process to be shared with the members of the VTC Team which includes but is not limited to: other mental health professionals for consultation, Department of Veterans Affairs, criminal defense attorneys, prosecutors and other criminal justice/court staff and personnel as outlined in [Texas Health and Safety Code Sec. 611.004](#). You understand you are waiving your legal rights to confidentiality to allow judicial efficiency due to your current pending case(s).

You agree to meet with your attorney to discuss the conditions of the program to ensure you are making an informed decision to enter the program before you sign any required legal documents. You understand that admission to the VTC is voluntary and that the final approval for admission will be determined by a representative of the District Attorney's Office and/or the judge of the Tarrant County VTC.

YOU SHALL INFORM THE VTC STAFF OF ANY ARRESTS OR CONVICTIONS, OTHER THAN TRAFFIC CITATIONS, THAT ARE CURRENT, NOT ON CRIMINAL HISTORY OR WHICH OCCUR AFTER THE DATE OF THE APPLICATION FOR ADMISSION INTO THE VTC. FAILURE TO DISCLOSE ARRESTS OR CONVICTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION OR TERMINATION FROM THE VTC.



Tarrant County Veterans Treatment Court

OPEN COURT WAIVER OF CONFIDENTIALITY

You understand and agree that the following information may be discussed in an open forum during court proceedings, and you hereby waive your right to confidentiality relating to the following information during these court proceedings:

- Your urinalysis screening and tests.
- Your medical and psychological evaluations, tests, screenings, etc.
- Your attendance and content of individual or group education and counseling sessions.
- Your personal address and phone numbers.
- Your employment addresses and phone numbers.
- Your case management notes contained in Your file.
- Your criminal history and new arrests or citations.
- Your 12-step support meeting attendance and progress.

You further understand and agree that the above information is to be used to track Your progress in the Veterans Treatment Court (VTC), and that all VTC court sessions are open to the public, and during court these matters may be discussed openly.



Tarrant County Veterans Treatment Court



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Developed for Texas Health & Safety Code § 181.154(d)
effective June 2013

Please read this entire form before signing and complete all the sections that apply to your decisions relating to the disclosure of protected health information. Covered entities as that term is defined by HIPAA and Texas Health & Safety Code § 181.001 must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law. Covered entities may use this form or any other form that complies with HIPAA, the Texas Medical Privacy Act, and other applicable laws. Individuals cannot be denied treatment based on a failure to sign this authorization form, and a refusal to sign this form will not affect the payment, enrollment, or eligibility for benefits.

NAME OF PATIENT OR INDIVIDUAL

Last First Middle

OTHER NAME(S) USED _____

DATE OF BIRTH Month _____ Day _____ Year _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ ALT. PHONE (____) _____

EMAIL ADDRESS (Optional): _____

I AUTHORIZE THE FOLLOWING TO DISCLOSE THE INDIVIDUAL'S PROTECTED HEALTH INFORMATION:

Person/Organization Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____ Fax (____) _____

WHO CAN RECEIVE AND USE THE HEALTH INFORMATION?

Person/Organization Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____ Fax (____) _____

REASON FOR DISCLOSURE (Choose only one option below)

- Treatment/Continuing Medical Care
- Personal Use
- Billing or Claims
- Insurance
- Legal Purposes
- Disability Determination
- School
- Employment
- Other _____

WHAT INFORMATION CAN BE DISCLOSED? Complete the following by indicating those items that you want disclosed. The signature of a minor patient is required for the release of some of these items. If all health information is to be released, then check only the first box.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> All health information | <input type="checkbox"/> History/Physical Exam | <input type="checkbox"/> Past/Present Medications | <input type="checkbox"/> Lab Results |
| <input type="checkbox"/> Physician's Orders | <input type="checkbox"/> Patient Allergies | <input type="checkbox"/> Operation Reports | <input type="checkbox"/> Consultation Reports |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Diagnostic Test Reports | <input type="checkbox"/> EKG/Cardiology Reports |
| <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Billing Information | <input type="checkbox"/> Radiology Reports & Images | <input type="checkbox"/> Other _____ |

Your initials are required to release the following information:

____ Mental Health Records (excluding psychotherapy notes) ____ Genetic Information (including Genetic Test Results)
____ Drug, Alcohol, or Substance Abuse Records ____ HIV/AIDS Test Results/Treatment

EFFECTIVE TIME PERIOD. This authorization is valid until the earlier of the occurrence of the death of the individual; the individual reaching the age of majority; or permission is withdrawn; or the following specific date (optional): Month _____ Day _____ Year _____

RIGHT TO REVOKE: I understand that I can withdraw my permission at any time by giving written notice stating my intent to revoke this authorization to the person or organization named under "WHO CAN RECEIVE AND USE THE HEALTH INFORMATION." I understand that prior actions taken in reliance on this authorization by entities that had permission to access my health information will not be affected.

SIGNATURE AUTHORIZATION: I have read this form and agree to the uses and disclosures of the information as described. I understand that refusing to sign this form does not stop disclosure of health information that has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission, including disclosures to covered entities as provided by Texas Health & Safety Code § 181.154(c) and/or 45 C.F.R. § 164.502(a)(1). I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy laws.

SIGNATURE X _____ DATE _____
Signature of Individual or Individual's Legally Authorized Representative

Printed Name of Legally Authorized Representative (if applicable): _____
if representative, specify relationship to the individual: Parent of minor Guardian Other _____

A minor individual's signature is required for the release of certain types of information, including for example, the release of information related to certain types of reproductive care, sexually transmitted diseases, and drug, alcohol or substance abuse, and mental health treatment (See, e.g., Tex. Fam. Code § 32.003).

SIGNATURE X _____ DATE _____
Signature of Minor Individual



Tarrant County Veterans Treatment Court

Mentor Program Acknowledgement

Mission Statement of the Tarrant County Veterans Mentoring Program

The Mission of the Veterans Treatment Court Mentoring Program is to use a peer-to-peer support model to offer Justice-Involved Veterans (JIVs) assistance, assess their needs, and help them solve their problems. Veteran Mentors will coordinate with the Tarrant County Veterans Treatment Court (VTC) to assist the JIV in their readjustment to civilian life, help JIVs navigate through the judicial and VA systems, and act as an advocate, coach, and ally.

As a participant in the Tarrant County VTC, you will be required to engage a volunteer mentor. You understand you will be mandated to give the **Tarrant County Veterans Treatment Court (VTC)** authorization to **release and / or communicate your confidential information** to representatives of **Tarrant County Veterans Court Mentor Program** during your participation in the VTC. This information may be transmitted either in writing, by telephone, or in person. Disclosure of this information is to assist all Tarrant County Veterans Court Mentors in the coordination of services offered through the Mentoring Program. This consent only applies to mentors who have been screened, interviewed, and approved by the Tarrant County VTC program manager. The information below will be included in the information to be released:

- Treatment services you received to determine whether you received adequate case management and supervision.
- Contact Information
- Updates from the VTC regarding Sanctions, Phase Advancements, Urine Analysis Results, and Referrals
- Tarrant County VTC and the Department of Veterans Affairs Integrated Treatment Plan.
- Mentoring Status Reports/ Mentoring Progress Notes
- Attendance Records

You understand that this consent / authorization will remain in effect until the Court formally and effectively releases me from the VTC. You also understand that if you revoke this consent/authorization before being released from the VTC, the Court may terminate my participation in VTC and that there may be other legal consequences. you understand that you may revoke this authorization at any time by giving written notice to VTC; however, if an entity has already acted in reliance to this consent, they will not be liable for disclosure.



Tarrant County Veterans Treatment Court

Voluntary Acknowledgement

REQUEST FOR ADMISSION

You agree to the following:

1. Your application to the Veterans Treatment Court (VTC) is voluntary.
2. You will be required to Plead Guilty to your criminal offense(s) prior to entering the VTC.
3. You may be required to submit to a drug test within 7 days of admission into the VTC. You understand a positive urinalysis drug test, or failure to submit to drug test, may delay or deny your admission into the VTC.
4. The Presiding Judge may immediately sentence me if you fail to successfully complete the VTC.

REQUEST FOR DISCHARGE

As a voluntary participant in the Veterans Treatment Court (VTC), you understand and agree to the following:

1. If you wish to be discharged from the VTC, the treatment team encourages you to discuss your desire with your lawyer (if applicable), your family members and/or friends. You should carefully weigh all the reasons you want to leave the program.
2. If you wish to be discharged from the VTC, the treatment team encourages you to discuss your decision and any pertinent issues regarding a discharge with your primary case manager. You may also ask for a referral to speak to a court officer or VTC Defense Attorney to discuss any legal concerns you may have about a discharge from the program.
3. Once you have decided to ask for a discharge from the VTC, you must appear before the VTC and ask the presiding judge for a formal discharge from the program. To ensure that you are making your request for discharge knowingly and willingly, the presiding judge will review all the reasons you are asking to be discharged from the program.
4. If you are discharged from the VTC, you understand you must pay any outstanding balance that is owed to the VTC, your treatment provider and/or other agencies that you received services.

THIS FORM HAS BEEN EXPLAINED VERBALLY AND IN WRITING AND YOU UNDERSTAND ITS CONTENTS.



Tarrant County Veterans Treatment Court

PROGRAM FEE

You wish to participate in the Tarrant County Veterans Treatment Court (VTC). You understand and agree that you will be responsible for a program fee assessed by the VTC staff up to \$500, **which \$200 is due prior to your admission into the program**. Only money orders and cashier's checks will be acceptable forms of payment unless otherwise notified by the VTC. Furthermore, you understand that your program fee is nonrefundable and the entire fee is due prior to completion of the program. Failure to pay your fee could affect your advancement through the program and may result in sanctions. You understand the cost of any positive UAs, tampered UAs and UA attempts resulting in a stall may be added to your program fee balance.



Tarrant County Veterans Treatment Court

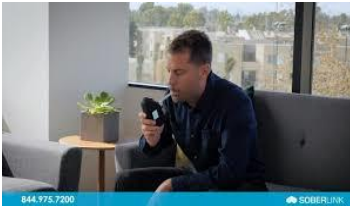
ALCOHOL MONITORING

All participants in the Tarrant County Veterans Treatment Court are required to maintain sobriety from all drugs, **including alcohol**. The VTC uses a variety of alcohol monitoring devices:

- Secure Continuous Remote Alcohol Monitor (SCRAM)



- SCRAM Remote Breathe / Portable Alcohol Monitor / Micro Electro Mechanical Systems (MEMS)



- Ignition Interlock Device (IID)



Instructions for the Alcohol Monitoring:

- If you are ordered to an Alcohol Monitor, **YOU MUST** obtain Alcohol Monitor as directed
- You are responsible for any and all cost
- Take a valid Driver's License or other official ID
- **You must obtain Alcohol Monitor as directed by the Veterans Treatment Court**
- *Other monitoring devices are available but must be preapproved by Veterans Court Staff*

The following tips will help reduce violations:

- Show up early in the day to get in and out quicker
- Do not drink too much fluids as it may result in a positive result which is a violation
- Be prepared to provide a blow as soon as you are called
- Advise Veterans Court Staff of any emergencies ASAP
- Contact the Veterans Treatment Court for list of approved holidays
- **DO NOT BRING CHILDREN**
- Your complete cooperation is expected by the Court.

You acknowledge that you have read and understood your responsibilities and duties as listed above. You understand the VTC does not supply alcohol monitoring devices. You give the Tarrant County VTC authorization to exchange any information regarding your VTC participation, financial information and testing results. You understand this authorization will remain in effect during your participation in the VTC or if you submit a written notice to revoke this authorization.



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IGNITION INTERLOCK DEVICE BLOW POLICY

You acknowledge the following interlock policy:

“If any ‘blow’ into an interlock device results in an outcome of .01 or higher, you understand you must continue subsequent ‘blow’ attempts every 10 minutes for a total of 30 minutes, or until the device registers .000.”

You understand if you fail to follow the terms of this agreement, the Veterans Treatment Court (VTC) may impose sanctions, add or change assigned tasks or conditions, and / or modify or change my treatment program. These changes may include, but are not limited to:

- Increased frequency of court appearances.
- Require attendance at additional support meetings.
- Order me to write an essay on a recovery or VTC related topic.
- Impose participation in Community Service.
- Incarcerate me in the Tarrant County Jail.
- Re-start my current phase.
- Increase my level of supervision.
- Re-evaluate my treatment plan.
- Issue a Bond Forfeiture or Alias Warrant (BFAW) for me.
- Terminate my status as a program participant, allowing the court to then convict and sentence me within the full range of punishment.



Tarrant County Veterans Treatment Court

CLIENT BILL OF RIGHTS

As a participant in the Tarrant County Veterans Treatment Court (VTC), you have the following rights:

1. You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
2. You have the right to confidentiality of all records and communications to the extent provided by law.
3. You have the right not to be discriminated against on the basis of race, color, national origin, age, disability, and where applicable, sex (including gender identity and expression), marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, or reprisal.
4. You have the right to be free from abuse, neglect, and exploitation.
5. You have the right to be cared for with dignity and respect.
6. You have the right to receive appropriate care in the least restrictive setting available that meets your needs.
7. You have the right to be told about the program's rules and regulations.
8. You have the right to be told before admission the case supervision you will be given.
9. You have the right to be told before admission what other case management referrals are available.
10. You have the right to be told about the following:
 - the condition being treated;
 - the proposed care;
 - the risk, benefits, and side effects of all proposed care and medications;
 - the probable health and mental health consequences of refusing care; and
 - other referrals that are available and which, if any, might be appropriate.
11. After receiving this information, you have the right to accept or refuse care management and / or treatment referrals. *
12. If you agree to referrals or medication, you have the right, unless specifically restricted by law, to change your mind at any time. *



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13. You have the right to a “goals and strategy plan” designed to meet your needs, and the right to take part in developing that plan.
14. You have the right to meet with staff to review and update the plan on a regular basis.
15. You have the right to refuse to take part in research without affecting your regular care.
16. You have the right not to receive unnecessary or excessive medication. *
17. You have the right not to be restrained or placed in a locked room by yourself unless you are a danger to yourself or others.
18. You have the right to have information about you kept private and to be told about circumstances when the information can be released without your permission.
19. You have the right to communicate with people outside the facility. You have the right to receive visitors, to make telephone calls, and to send and receive sealed mail. If necessary for your care or security, your doctor or the person in charge of the program may restrict these privileges. Even if placed under restrictions, you may contact an attorney or the VC at any reasonable time.
20. You have the right to be told in advance of all estimated charges and any limitations on the length of services of which the referred facility is aware.
21. Should you have questions while you are in treatment, you have the right to receive an explanation of your goals and strategy plan or your rights.
22. Unless a physician determines that you pose a threat of harm to yourself and / or others, once you have consented to a goal and strategy plan, you have the right to leave the facility within four (4) hours of requesting release.
23. You have the right to make a complaint and receive a fair response from the facility within a reasonable amount of time.
24. You have the right to complain directly to the VTC Program Manager at any reasonable time.
25. Before admittance into the program, you have a right to obtain a copy of these rights, including the VC's address and phone number.
26. You have the right to have these rights explained in simple terms, in an understandable way, within 24 hours of being admitted.

You acknowledge you have received an understandable explanation of these rights.

** indicates rights pertaining to inpatient / residential program.*



Tarrant County Veterans Treatment Court



Specialty Courts Ombudsman Pilot Program In partnership with The Office of Court Administration

What is the Specialty Courts Ombudsman Program?

The Specialty Courts Advisory Council has requested that the Office of Court Administration pilot a Specialty Courts Ombudsman Program. The purpose of the Ombudsman will be to serve as a central point of contact for any complaints or concerns regarding specialty court programs in Texas.

If you have a problem or complaint about a specialty court, we encourage you to first discuss it with the person, program, or office involved. Often times, they can explain a specific policy or correct the problem immediately.

What does the Ombudsman do?

The Ombudsman will:

- Be available to receive complaints or concerns regarding specialty court programs in Texas;
- Gather information about received complaints or concerns and notify the specialty court program;
- Serve as a resource to specialty court program staff regarding possible resolution of a complaint or concern and assist with information regarding best practices;
- Track the volume and nature for each call or email; and
- Report the number and nature of the calls and emails to the Specialty Courts Advisory Council on a quarterly basis.

How to contact the Ombudsman?

If the agency's normal complaint process cannot or does not satisfactorily resolve the issue, there are three (3) ways to send a question or file a complaint:

The Ombudsman is located at the Office of Court Administration. Contact information:

By phone: 512-936-0288

By fax: 512-463-1648

By email: Anissa.Johnson@txcourts.gov

The Ombudsman is an additional resource for specialty court participants and staff to use to resolve an issue or concern when the matter cannot be resolved by the normal program process or other avenues.

Covered entities as that term is defined by HIPAA and Texas Health & Safety Code § 181.001 must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. An authorization of protected health information may be required for the disclosure of information to the ombudsman regarding your participation in their program.

PO BOX 12428
AUSTIN, TEXAS 78711

GOV.TEXAS.GOV/CJD
512-463-1919



Tarrant County Veterans Treatment Court

PROGRAM OVERVIEW

Tarrant County Veteran Treatment Court (VTC) will last approximately **8-24 months**, depending on the treatment needs and participant's progress. It is divided into three phases. A participant must successfully complete each phase before advancing through the VTC.

PHASE ONE

Goals to Advance to Next Phase:

Follow all VTC Requirements

Regular attendance at court sessions

Psychiatric evaluation

Treatment plan established

Mental Health Treatment/Therapy compliance

Stabilized on medication

Treatment provider is assigned and appointment is scheduled

No new arrests or probation violations

At least 60 consecutive days clean from alcohol and illegal drugs

Regular contact with assigned Mentor

Continue identifying strengths and barriers. Coordinate special needs (SSI; Housing; Medical; Clothing etc.)

These participants will demonstrate an ability to remain in treatment and maintain medicine compliance within the community. **Phase I is a minimum of 60 days.**

PHASE TWO

Goals to Advance to Next Phase:

Follow all VTC requirements

Regular attendance at court sessions

Adherence to random drug testing

Mental Health Treatment/Therapy compliance

Completes all programs, classes and special conditions

At least 60 consecutive days clean from alcohol and illegal drugs

At least 16 weeks of medication compliance

Maintains safe and stable housing

Regular contact with assigned Mentor

No new arrests or probation violations

No new MH hospitalization unless extraordinary circumstances

Improved personal hygiene

These participants will demonstrate an increased ability to remain in treatment and maintain stability within the community. **Phase II is a minimum of 60 days.** There are specific goals that must be completed prior to advancement to the final phase.



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PHASE THREE

Goals to be eligible for graduation:

Follow all VTC requirements

Regular attendance at court sessions

120 consecutive days clean from alcohol and illegal drugs

6 months of medication compliance

Maintains safe and stable housing

No new arrests or probation violations

Establishes discharge plan

Pay Program Fee in full

No new MH hospitalization unless extraordinary circumstances

Client has continuing source of income and medical insurance

Client has engaged in on-going treatment/vocational or volunteer activities

These participants will be stable and responsible for their own treatment and vocational activities. They will no longer be required to report to the court sessions weekly but will report to a treatment provider in the community who will continue to monitor treatment compliance. Participation in Phase III is a minimum of 120 days and successful completion will make the client a good candidate for early release from VTC.

VTC CASE MANAGEMENT

Case Management is one of the single most important aspects of the program. Within 14 days of admission, participant should be scheduled an appointment to see the assigned VTC Case Manager. If the participant fails to respond to the case managers efforts to schedule an appointment, admission into the VTC may be revoked.

COURT APPEARANCES

1. Court sessions are scheduled the **1st and 3rd Wednesday of every month @ 1 pm or 2nd and 4th Thursday of every month @ 2 pm**. You may be required to attend at least one court session prior to admission into the VTC.
2. Participants are required to report for court sessions as directed by VTC.
3. Any participant reporting late for court or who fails to report to court will be subject to immediate sanctions.

DRUG TESTING

Any participant may be ordered to drug test at any time as directed by the VTC. Failure to comply will result in an immediate sanction, including termination from the VTC. Drug tests shall be random and frequent. The drug type and method shall be ordered by any VTC representative.

SANCTIONS

Sanctions are both punitive and therapeutic in nature. The VTC employs judicial sanctions, sanctions related to supervision, and therapeutic sanctions.

Examples of Judicial Sanctions

1. Increased contact with the Judge
2. Court admonishment
3. Jail Time

Examples of Supervision Sanctions

1. Zero tolerance
2. Reprimand



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3. Community service hours
4. Increased contact with Officer
5. Move back in phase

Examples of Therapeutic Sanctions

1. Essay assignment
2. Address Judge/Peers in court
3. Increased 12 step meetings
4. Extension of time in phase
5. Increased individual counseling

INCENTIVES

Incentives are given to participants who are deserving of special recognition for achievements and/or progress while in the VTC. Any member of the VTC team will make recommendations for incentives.

Examples of Incentives

1. Judicial recognition
2. Reduced court appearances
3. Reduced reporting to VTC Case Manager or Treatment Provider
4. Praise/Applause
5. Excused from court early
6. Framed graduation certificates
7. Ease curfew restrictions

GRADUATION

Participants are eligible for graduation after advancement through each Phase of the VTC Program. Stable residence, medication compliance and participation in groups are required.

COURT ORDERED FEES AND FINES

Participants are responsible for court ordered fees and fines at the date of admittance into VTC program unless otherwise notified by the Program Manager.

PROGRESS REPORTS FROM SERVICE PROVIDERS

Treatment Provider progress reports are due prior to VTC court sessions unless otherwise specified by the VTC Case Manager.

AUTHORIZATIONS FOR TREATMENT

In some cases, additional treatment will be ordered for participants. Authorizations for treatment will be requested by the VC Case Manager or Treatment Provider.

You acknowledge that you have read and understood your responsibilities and expectations as listed above. You agree to comply with all VTC guidelines.



Tarrant County Veterans Treatment Court

PARTICIPANT AGREEMENT AND PERFORMANCE CONTRACT

You wish to participate in the Tarrant County Veterans Treatment Court (VTC). Before you may be admitted into the program, you understand and agree that you will assume certain obligations and responsibilities. You also understand and agree that you will have to follow orders and instructions given to you by the VTC, which includes the judge, the probation officer, members of Tarrant County Pretrial Services and all other VTC personnel.

I. GENERAL PROGRAM REQUIREMENTS

1. _____ I must, and will, attend all court sessions as ordered.
2. _____ I must, and will, comply with all program requirements, including, but not limited to:
 - Being on time and attending all counseling sessions.
 - Being on time and attending all VTC appearances.
 - Participating in all counseling sessions.
 - Completing all counseling assignments.
 - Making satisfactory progress in the program as measured by phase requirements.
 - Notifying my treatment provider and case manager of any drugs prescribed for me by a physician before I begin taking them.
 - If I have a substance abuse diagnosis, I must provide written notification to my physician that I am in VTC and am subject to random drug testing.
3. _____ I must, and will, contact my Probation Officer and Pretrial Officer, or any other VTC personnel, when directed to do so.
4. _____ I must, and will, comply with all lawful directives issued by the VTC.
5. _____ I must, and will, promptly and truthfully answer all inquiries directed to me by the VTC.
6. _____ I must, and will, be honest. I understand that this means I must not, and will not, lie or deceive or misrepresent anything to the VTC or anyone affiliated with the VTC (such as a treatment provider or counselor), or to any branch of government or a government representative.
7. _____ I must not, and will not, possess, purchase, or consume any illegal drug.
8. _____ I must not, and will not, possess any weapon of any kind, including firearms and knives, while attending any required activity or program.
List all firearms: _____
9. _____ I must not, and will not, possess, purchase, or consume alcoholic beverages.



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10. _____ I must not, and will not, visit places where alcohol or illegal drugs are sold, dispensed, or used. I understand that this means I am not to go into bars, liquor stores, taverns, clubs, parties or places where alcohol is the main item for sale or consumption.

11. _____ I must, and will, obey all laws. I understand that this means if I engage in any criminal act, I may be removed from the VTC and prosecuted for any new charge(s).

12. _____ I must not, and will not, commit acts of violence or threats of violence. I must not, and will not, engage in verbal violence.

13. _____ I must, and will, exhibit appropriate courtroom behavior and obey all courtroom rules, including but not limited to, the following:

- I will not talk in the courtroom during VTC proceedings.
- I will dress appropriately for court.
- I will keep my shirttails tucked in.
- I will not wear any tank tops, muscle shirts, crop-tops, starter jackets or shirts with obscene words or pictures.
- I will not wear any clothing that displays any drug related symbols or themes.
- I will not wear baggy or sagging pants, including jeans that sag below my waistline.
- I will wear my shirts buttoned.
- I will not wear any hats, caps or bandannas in the courtroom.
- I will not wear any gang attire of any kind.
- I will turn my phone or pager completely off before entering the courtroom.
- I will not wear shorts, capris or kilts in the courtroom.
- I will avoid obscene or abusive language.
- I will avoid racial, ethnic, social, sexist, and/or sexual slurs and derogatory language.
- I will stand on my own two feet and not lean against the judge's bench.
- I will not bring food or beverages into the courtroom.
- I will remain in the courtroom until I am properly dismissed by the judge.
- I will not curse or use profanity of any kind in the courtroom.
- I will speak clearly and directly when addressing the VTC judge, the district attorney, or any other officer of the court;
- I will be on time and attend all scheduled court appearances.
- When I enter the courtroom, I will immediately take a seat.

14. _____ I must not, and will not, leave Texas or the county in which I reside without written permission from the VTC.

15. _____ I must not, and will not, change my address, telephone number, or employment without first consulting with appropriate VTC personnel.

16. _____ I must, and will, remain employed, in school, or in treatment care as required by the VTC.



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17. _____ I must, and will, notify the VTC within 48 hours if I change jobs.
18. _____ I must, and will, allow any representative of the VTC to visit my home, place of employment, or any other location I may be, at any time.
19. _____ I must, and will, allow myself to be searched at any time or place by a representative of the VTC or any law enforcement agency. I also understand I must and, and will not, refuse a Breathalyzer, SFST, or Drug test administered to me by any program staff member, court officer, or law enforcement officer.
20. _____ I must, and will, allow my vehicle, my residence and/or any property under my control to be searched by a representative of the VTC or any law enforcement agency.
21. _____ I must not, and will not, associate with any person who has a criminal record or who is on probation unless I have prior permission from the VTC. I understand that this means I must have such permission *before* any contact with such a person takes place.
22. _____ I must not, and will not, act as a Confidential Informant (CI) for any law enforcement agency.
23. _____ I must, and will, pay all fees, court costs, treatment fees, restitution costs, victim compensation costs, attorney fees, mental health assessment fees, and laboratory fees as ordered by the VTC judge.
24. _____ I understand that all of my payments are to be made by credit card, cashier's check or money order made out to the Tarrant County VTC. I understand that this means I cannot pay either by cash or personal check.
25. _____ I must, and will, perform any and all community service hours assigned to me, as directed by the VTC.

II. MENTAL HEALTH-RELATED REQUIREMENTS

26. _____ I must, and will, submit to any rehabilitative, medical, psychological, psychiatric, educational, vocational, alcohol or other drug treatment program, including residential treatment as directed by the VTC.
27. _____ I understand that, if I am required to attend residential treatment, I may have to remain in custody until such time as the treatment facility admits me.
28. _____ I must, and will, submit to urinalysis or drug testing by the VTC when directed to do so. I understand that this means if, at the time of request, I refuse, alter, or fail to provide a specimen for urinalysis, the VTC will consider my action to constitute a positive test result, and I will be sanctioned as if I had provided a positive test result. ***Furthermore, I understand that the cost of any positive UAs, tampered UAs, and UA attempts resulting in a stall will be added to my program fee balance.***



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29. _____ I must, and will, sign all authorizations for release of information requested by the VTC, a treatment provider, or another resource provider. I understand that my authorization of release of information is necessary to allow cross-reporting of my compliance with program conditions. I understand that I cannot revoke my authorization for release of information until I complete or dismissed from the VTC. I understand that my failure to sign an authorization for release of information may make me ineligible for participation in the program.

30. _____ I must, and will, keep all appointments with treatment providers or any other resource provider. I understand that, if I fail to keep any program appointment, and I do not have an explanation satisfactory to my treatment provider or to the VTC, then my treatment provider or the VTC may immediately make necessary adjustments prior to staffing with the VTC.

31. _____ I understand, and agree, to notify my treatment provider and VTC Case Manager **before** I begin taking any medications or drugs, including **over-the-counter** drugs or drugs prescribed for me by my physician or psychiatrist. I understand that if I fail to abide by this policy to the **Court's satisfaction**, the Court may take immediate action and sanction me. If I violate this policy, I understand that the Court may sentence me to time in jail or even remove me from the VTC program.

32. _____ I understand, and agree, that my treatment provider or the VTC may make necessary adjustments to my treatment plan, prior to staffing with the entire VTC and the VTC judge, if I test positive for any non-prescribed drug or for alcohol.

III. SANCTIONS

33. _____ I understand if I fail to follow the terms of my agreement, the VTC may impose sanctions, add or change assigned tasks or conditions, and/or modify or change my treatment program. These changes may include, but are not limited to:

- Increased frequency of urinalysis testing.
- Increased frequency of court appearances.
- Require attendance at additional support meetings.
- Order me to write an essay on a recovery or VTC related topic.
- Impose participation in Community Service.
- Incarcerate me in the Tarrant County Jail.
- Re-start my current phase.
- Increase my level of supervision.
- Re-evaluate my treatment plan.
- Issue a Bond Forfeiture or Alias Warrant (BFAW) for me.
- Terminate my status as a program participant.
- Revoke my deferred adjudication or community supervision, allowing the court to then convict and sentence me within the full range of punishment.



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34. _____ Even if I do not agree that I committed an alleged breach of this agreement or VTC rules, I must, and will, continue to follow all program guidelines until the matter is addressed at the next VTC docket; I also must, and will, continue to obey all lawful instructions of the VTC and my treatment provider.
35. _____ I understand that I have the right to be heard at the next VTC docket, but I am also aware that the VTC may, and probably will, impose sanctions upon me if it finds that I have violated this agreement.
36. _____ I understand that I may be revoked from the program if the VTC judge determines that I willfully failed to comply with any treatment and/or rehabilitation requirements. If I am revoked from the VTC, the Court may proceed to impose a sentence upon me for the offense I committed.
37. _____ If I am arrested anywhere, I hereby waive extradition to the State of Texas from any jurisdiction in or outside the United States where I may be found. I will not contest any effort by any jurisdiction to return me to the State of Texas.
38. _____ I understand that if 1) the court sanctions me by sending me to jail, or 2) I am arrested on a VTC warrant or on a new offense, I must, and will, immediately notify the jail of my mental health diagnosis (if I have been diagnosed with any mental health disorder) and my current medications.
39. _____ I must, and will, obey any special conditions as follows (*Check all that apply*):
- SCRAM for a minimum of 90 days followed by installation of Ignition Interlock Device in any vehicle driven for a minimum of 120 days.
 - Drug Patch
 - Completion of a DWI Education Program
 - Repeat Offender DWI Education Program
 - Victim Impact Panel
 - Completion of a Drug Offender Education Program (DOEP)
 - Completion of an Anger Management Program
 - Completion of a Theft Intervention Program
 - Completion of a Batterer's Intervention Program
 - Comply to any and all conditions of my Court Ordered Community Supervision
 - Hand Gun Safety Class
 - Pay restitution in the amount of \$ _____
 - Complete _____ hours of community supervision
 - Other: _____
40. _____ I understand and agree to remain under the supervision of the Veterans Treatment Court **UNTIL FURTHER ORDERS OF THIS COURT.**
41. _____ I acknowledge that I have read and understood my responsibilities and duties as listed above. I agree to abide by each rule.



Tarrant County Veterans Treatment Court

Contact List

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Tarrant County Veterans Treatment Court

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