



You have been identified as a Veteran that may be eligible for additional services.

Attached is an application for Anoka County Veterans Treatment Court, a program for which you may be eligible. This **must** be submitted for you to be considered for participation.

- You are encouraged to make contact with Marianne Hamrick at the Minneapolis Veterans Administration who is a Veterans Justice Outreach Coordinator(VJO) ASAP to be screened for any possible services. She can be reached at (763) 760-4411.
- You need to complete the screening with Marianne to determine your eligibility.
- Additionally you will need to complete a RANT assessment with Jessica our Coordinator. She can be reached at (763)760-6573.

THIS COVER PAGE SHOULD BE GIVEN TO THE DEFENDANT. THE REMAINING APPLICATION IS TO BE ROUTED TO THE TREATMENT COURT COORDINATOR.



**APPLICATION TO BE SCREENED FOR PARTICIPATION IN
ANOKA COUNTY VETERANS TREATMENT COURT**

Anoka County District Court proudly offers a Veterans Treatment Court (VTC) which serves as an alternative to traditional civilian court to handle certain criminal cases in which the defendant is a Veteran of the armed services. The VTC is built upon a unique partnership between the criminal justice system, the Department of Veterans Affairs (VA), and local providers. These partners structure treatment and support intervention with the authority and personal involvement of the prosecuting authority and the bench.

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING SCREENING
QUESTIONS AND SUBMIT A COPY OF THEIR DD214 (IF AVAILABLE) ALONG
WITH THE ATTACHED AUTHORIZATIONS TO DISCLOSE PRIVATE DATA:**

1. Name: _____

2. Date of Birth: _____ 3. Last four of SSN: _____

4. File Number: _____

5. Address: _____

6. Phone: _____

7. Email Address: _____

8. Ethnicity: Hispanic Non-Hispanic 9. Gender: Male Female

10. Race: White Black or African American Asian American Indian or Alaska Native
 Pacific Islander or Native Hawaiian Multiracial Other: _____

11. Please briefly explain why you want to be involved in Veterans Court:

Eligibility Criteria

- Defendant must have served in the United States Armed Services and generally be eligible for VA benefits or alternative treatment services.
- Except in very rare instances, defendant must be charged with a crime that carries a presumptive probation sentence.
- Defendant must enter a plea in district court prior to acceptance into VTC.
- Admittance into the program is at the discretion of the VTC team.

Factors for Participation

- Whether the defendant is experiencing treatable behavioral and chemical or mental health issues, i.e., post-traumatic stress disorder, traumatic brain injury, anger management, domestic violence, and/or substance abuse or chemical dependency.
- Whether, and the extent to which, the defendant's conduct surrounding or leading to the offense is related to the effects of defendant's military service.
- Whether programming and services available through the Veteran's Administration and the monitoring and mentoring through the VTC will assist in probation supervision.

Assessed at the VA

- All applicants to the VTC **MUST** contact Marianne Hamrick, Veterans Justice Outreach Specialist at the VA Medical Center at (763) 760-4411 and be screened for services. If an applicant does not have a copy of his or her DD214, a request must be made through Mrs. Hamrick to obtain one.

Data Notice

You are being requested to provide certain data about yourself to the Anoka County Veterans Court Team. Some of this data may be classified as private data under the Minnesota Government Data Practices Act. Data gathered through telephone contacts or written correspondence with VP staff may be shared with court service agencies, law enforcement or criminal justice system agencies, veteran affairs agencies and your authorized representative. You are not required to provide the requested information, however, failure to do so will prevent you from participating in the VTC.

Release of Information

Each participant in the Anoka County Veterans Treatment Court must permit medical and alcohol/drug treatment providers to furnish information, including mental health, relating to the participant's treatment to any member of the Program for the duration of the Program. Each

participant must also consent to release medical, mental health, criminal, employment, and educational records to the Program to determine eligibility for the Program, to determine the proper treatment placements and regiment, and to judge progress in the Program. Each participant must submit the attached forms with the application and update the forms as necessary. Failure to submit the forms will result in rejection from the Program.

Request to Participate

I, _____, hereby request to be screened for participation in the Anoka County Veterans Treatment Court. I understand that to be eligible for consideration I must meet the eligibility criteria and agree to comply with all terms and conditions of the program.

Signed: _____ Dated: _____

Submit form to:

Treatment Court Coordinator
Anoka County Courthouse
2100 3rd Ave
Anoka, MN 55303
10thAnokaTreatmentCourt@courts.state.mn.us

Anoka County Veterans Court Consent Form

CONSENT FOR THE RELEASE OF PRIVATE MENTAL HEALTH, CHEMICAL HEALTH, LAW ENFORCEMENT, COUNTY, AND COURT INFORMATION

I, _____, DOB ____/____/____, understand that to participate in the Anoka County Veterans Treatment Court (VTC), I must allow my medical and alcohol/drug treatment providers to furnish information (including mental health) relating to my treatment to any member of the VTC team, their agency, **or their designee**, for the duration of my participation in the VTC, and by signing this agreement I agree to the disclosure of such records and information. I authorize the VTC team members, their agencies or designees of the following agencies:

1. Marianne Hamrick, Veterans Justice Outreach Specialist and the US Department of Veterans Affairs
2. Tim Nelson, Veterans Service Officer and the Anoka County Veterans Services Office
3. Priscilla McDowell, Corrections Officer and the Anoka County Community Correction
4. Judges Jenny Walker Jasper, Thomas Lehmann and Melissa Saterbak, 10th Judicial District
5. Jessica Stein, VTC Coordinator and Anoka Court Administration
6. Melissa Westervelt and Mitch Schluter, Assistant County Attorney and the Anoka County Attorney's Office
7. Sami Corlew- the Coon Rapids Municipal Attorney's office
8. Nicole Kettwick and Steve Nicol, Defense Attorney
9. Anoka County Sheriff's Office and Anoka County Law Enforcement
10. Paul Evangelist, Peer Mentor Coordinator
11. VTC Court Administration Court Operations Associates
12. VTC Evaluator
13. VTC Alcohol & Drug Testing providers.
14. Providers that will provide verification during the referral process
15. Other: _____
16. Other: _____
17. Other: _____

To communicate with and disclose to one another the following information:

- My name and other personal, identifying information;
- My status as a patient in alcohol/drug treatment and mental health services, including attendance;
- My status as a client of Anoka County Human Services;
- My status as a participant in the VTC;
- Information pertinent to child removal, custody, and reunification issues;
- My VTC plan and summaries of my progress in reaching treatment plan goals;
- Initial and subsequent evaluations of my service needs by my medical providers;
- Summaries of alcohol/drug and mental health assessment results and history;

- Discharge plan(s) for alcohol/drug treatment and mental health services;
- Date of discharge from alcohol/drug treatment and mental health services, and discharge status;
- Contact with any law enforcement agency during my participation with the court;
- Information and data collected during and after my participation with VTC to be used for research and evaluation purposes;
- Other: _____
- Other: _____
- Other: _____

The purpose of the disclosure authorized in this consent is to: enable the VTC to evaluate my eligibility for the program, my needs for services from the program and determine/coordinate those services. I understand why I am being asked for this information.

I know and understand that private health information disclosed pursuant to this authorization may be re-disclosed to other parties only with further release of information. My alcohol and drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and can be disclosed only with further release of information unless otherwise provided for in the regulation. Records concerning mental health services are protected by state law. I am under no obligation to sign this authorization. However, without the requested information the VTC may not be able to be of assistance. I understand I may revoke this authorization at any time by giving written notice of revocation, and by doing so, I am choosing to opt out of the Veterans Treatment Court. I further understand that my records may be transmitted by fax and electronically. **Unless earlier revoked, this authorization expires upon termination from the program or discharge from probation.**

This document does NOT supersede any similar consent forms that I may sign specifically for the release of Veterans' Administration records or for release of any of my treatment records to the Veterans' Administration if said consent forms provide that the consent is irrevocable. In those cases, the Veterans' Administration forms shall prevail.

I understand that my medical and treatment information may be discussed in the Veterans Treatment Court where other participants and observers may hear it.

I have read this document, or it has been read to me, and I understand its contents. By signing this Consent, I am telling the Court that I understand the rights I am waiving.

Participant Signature

Date

State of Minnesota

v.

Case # _____

**CONSENT TO RELEASE PRIVATE HEALTH, ALCOHOL/DRUG AND
MENTAL HEALTH RECORDS AND INFORMATION**

My name is _____ My date of birth is _____

1. I understand that to be considered for participation in the Anoka County Veterans Treatment Court, I must allow my medical and alcohol/drug treatment providers to furnish information (including mental health) relating to my treatment to any member of the Veterans Treatment Court Team for the duration of my participation in the Veterans Treatment Court, and by signing this agreement I agree to the disclosure of such records and information.
2. I understand that my treatment records are protected under the federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and 38 U.S.C. 7332, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical records are protected by federal law and regulations. I also understand that my records concerning mental health services I receive are protected by state law. I understand that I may revoke this authorization at any time with a written request, and by doing so, I am choosing to opt out of the Veterans Treatment Court. **Otherwise, this consent will expire twenty-four months from the date listed below.** I further understand that my records may be transmitted by fax and electronically.

This document does NOT supersede any similar consent forms that I may sign specifically for the release of Veterans' Administration records or for release of any of my treatment records to the Veterans' Administration if said consent forms provide that the consent is irrevocable. In those cases, the Veterans' Administration forms shall prevail.

3. I understand that the purpose of releasing this medical and treatment information is for the Veterans Treatment Court Team to determine my eligibility for the program, to determine the proper treatment placements and regimen, and to judge my progress in the program.
4. I understand that my medical and treatment information may be discussed in the Veterans Treatment Court where other participants and observers may hear it.
5. I have read this document, or it has been read to me, and I understand its contents. By signing this Consent, I am telling the Court that I understand the rights I am waiving.

DATE _____

Defendant

DATE _____

Defendant's Attorney (if applicable)