

5TH JUDICIAL DISTRICT VETERANS COURT REFERRAL POLICY

Who can make a referral?

The majority of referrals come from the Public Defender office. We get referrals also from law enforcement, judges, pre-trial officers, and jail staff. Veterans Court will accept referrals from anyone that wishes to make a referral including family members. The prosecuting attorney must sign off on all referrals to the court.

What information is needed for a referral?

There is a referral form that includes basic identifying information, military service, the charge, substance abuse and mental health history. There are also two release forms that need to be filled, and attached with the referral form before the court will discuss the referral.

Who decides if a referral is accepted or not?

All referrals are presented to the entire team at the monthly staff meeting. The team as a whole will make the decision.

Who will be notified of the decision?

The original court county attorney, the Public Defender or private attorney are notified. Anyone else that wants to know may contact the Veterans Court Coordinator to find out.

What is the timeline for referrals?

Referrals that are received will be looked at with in one week by the veteran's court coordinator. If the defendant has not disqualifiers the referral will be taken to the veteran's court session on the second Friday of every month. The team will then decide on whether the defendant will be accepted or denied. If the defendant is accepted it will be done so at this time.

Are referrals accepted from outside the 5th District?

Yes if they come from a jurisdiction that doesn't have Veterans Court it will be considered. Depending on the distance the individual lives.

Who should referral be sent to?

Kevin Mettler 5TH Judicial District Veterans Court Coordinator

(507) 469 5518 e-mail address kevin.mettler@courts.state.mn.us

Information needed for referral to the Veterans court

- **5th Judicial District Veterans Court Referral**
- **5th Judicial District Veterans Court Release forms**
- **Criminal Record**
- **Chemical Health Assessment**
- **Pre-sentence investigation**
- **Initial order referring them to veterans court**
- **Other orders the defendant may have for restitution, child support, fines.**
- **Any other information you think would be helpful.**

This project is supported by a 2013 grant awarded from the MN Department of Human Services- Alcohol and Drug Abuse Division

This project does not prohibit participation on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference.

**Authorization to Disclose
Claimant/Benefit and Protected Health Information**

The 5th Judicial District Veterans Program has made it a condition of my participation in its disposition of my pending criminal matters that I disclose information protected by 5 U.S.C. 552a, 38 U.S.C. 5701, 45 CFR Parts 160 and 164, and 38 USC §7332 (drug and alcohol abuse, HIV infection, and sickle cell anemia) to the criminal justice system.

Therefore, I, _____, request that the United States department of

(Veteran's Name)

Veterans Affairs, Veterans Benefits Administration, and Veterans Health Administration disclose my claimant and/or benefit information and protected health information to the following:

The 5th Judicial District Veterans Court Program and all parties sanctioned by and associated with its Veterans Program in either pre or post court proceedings.

I authorize release of the following protected health information:

Any and/or all claimant and/or benefit information and any and/or all medical and psychological information to include communication in person, by telephone, mail, encrypted email, or fax.

I certify that this request is made freely, voluntarily and without coercion and that the information on this form is accurate and complete to the best of my knowledge.

I understand that I will receive a copy of this form after I sign it.

I understand that the VA may not condition treatment, payment, enrollment, or eligibility for benefits upon my signing of this authorization.

This authorization will expire upon discharge from the 5th Judicial District Veterans Program. I understand that I may not revoke this authorization before that date. I understand that failure to provide the Veterans Program with the appropriate authorizations may lead to my removal from the Veterans Program venue and the transfer of my pending criminal matters to the regular District Court venue.

Date

Print Name and Last Four of SSN

Signature

Address

State of Minnesota
v.

Case # _____

_____ Charge _____

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

My full name is _____ My date of birth is _____

1. I understand that to be considered for participation in the 5TH Judicial District Veterans Program (Program) 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 Program for the duration of my participation in the Program, 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 Program. **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.
3. I understand that the purpose of releasing this medical and treatment information is for the Program to determine my eligibility for the Program, to determine the proper treatment placements and regiment, and to judge my progress in the Program.
4. I understand that my medical and treatment information may be discussed in the Program 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