

VETERANS TREATMENT COURT

REFERRAL INSTRUCTION SHEET

If you are an **ATTORNEY, CLO, or a PO**:

1) Complete the *Referral Packet* that includes:

- a) *Order of Referral Form*
- b) *Attorney and Client Permission Form**
- c) *Veterans Affairs - Request for and Consent to Release of Medical Records*
- d) *Form DD 214 – IF AVAILABLE from the Veteran*

*Signature of attorney on *Attorney and Client Form* is not required, at the time of referral, IF a defendant does not have an Attorney

2) **Submit the *Referral Packet* to the clerks of the Referring Court** for code entry and routing

If you are the **CLERK** from the Referring Court

1) When the **REFERRAL** is made enter:

CODE 1531 – Order of REFR VET CRT

2) **Route** the following to VTC Coordinator Pat Benavides:

- *Order of Referral* (Copy)
- *Attorney and Client Permission Form* (Original)
- *Veterans Affairs - Request for and Consent to Release of Medical Records* (Original)
- If available, *DD 214* (Original)

Therefore, the court jacket should contain the following:

- *Order of Referral* (**Original**)
- *Attorney and Client Permission Form* (**Copy**)
- **NO** *Veterans Affairs - Request for and Consent to Release of Medical Records*

➤ **NO DD214**

For questions regarding the Veterans Treatment Court contact Veterans Court Manager Michael McCollum at (210) 335-6640.

12-10
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**ATTORNEY AND CLIENT PERMISSION
AUTHORIZING
VETERANS TREATMENT COURT STAFF
TO PROVIDE SERVICES**

I, _____, DOB _____,
(Print Client's Name)

SID # _____, represented by attorney _____,
(Print Attorney's Name)

hereby give my consent and approval for the staff of the Veterans Treatment Court Program (hereinafter called "VTC") to meet with and interview me for the purpose of determining eligibility and enrollment status for VTC provider services, eligibility for VTC participation, as well as the mental health treatment and support services that are needed for my case.

As attorney of record for the said _____, I give my permission and consent for said interview or interviews to be conducted by the VTC staff with my client.

VTC service provider eligibility and enrollment services, as well as treatment and support services, may include the following information and referral services to governmental, community based or non-profit providers:

Enrollment in the Veterans Treatment Court program; Enrollment in the Veterans Administration Health Care network; Enrollment in the Center for Health Care Services, and its affiliated programs; Case Management; Access to continued or new treatment by a mental health provider; Housing; Transportation; Food; Clothing; Emergency Financial Aid (utility assistance); Employment; Community Voice Mail; Support Groups; Twelve-Step Programs; Community Service Participation Programs; Educational Institutions; Veterans Service Organizations; VA-coordinated Mentoring Programs; Advocacy including Family unification.

As the client listed above, I understand that in order for the Veterans Treatment Court to provide these services, the Veterans Treatment Court will need to secure Releases of Information and Consent to Participate forms from me, and I agree to review and if acceptable, to execute same.

As attorney of record for the listed client above, I also understand the need for said Releases and Consents to be obtained from my client in order for the VTC to provide needed services, and

_____ I **will** participate in the meeting where my client will be presented with these forms.

_____ I **will not** participate in the meeting where my client will be presented with these forms; however, I give my consent and permission for the VTC staff to meet with my client without my being present at said meeting.

_____ I **will not** participate in the meeting where my client will be presented with these forms and do not give my consent or permission for the VTC staff to meet with my client without my being present.

Attorney at Law

Client/Applicant for VTC Services

State Bar No.

Date

Date

Phone #: _____



REQUEST FOR AND CONSENT TO RELEASE OF MEDICAL RECORDS PROTECTED BY 38 U.S.C. 7332

PAPERWORK REDUCTION ACT INFORMATION: Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to VA Clearance Officer (723) , 810 Vermont Avenue NW, Washington DC 20420, and to the Office of Information and Regulatory Affairs, Paperwork Reduction Project (2900-0260), Office of Management and Budget, Washington DC 20503. DO NOT send applications to this address.

The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. and will authorize release of information you specify. Your disclosure of the information requested on this form is voluntary. However, if the information is not furnished, Department of Veterans Affairs will be unable to comply with the request.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO: **Department of Veterans Affairs**

PATIENT NAME (Last, First, Middle Initial)\

*

SOCIAL SECURITY NUMBER

*

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED.

Bexar County Veterans Treatment Court
300 Dolorosa Street
San Antonio, TX 78206

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released included information regarding the following condition(s):

- DRUG ABUSE
- ALCOHOLISM OR ALCOHOL ABUSE
- HUMAN IMMUNODEFICIENCY VIRUS (HIV)
- SICKLE CELL ANEMIA

INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

- Copy of Hospital Summary
- Copy of Outpatient Treatment Note(s)
- Other

Tx Summary: Initial Assessment, Diagnoses, Medications, Treatment plan, UA results, Attendance and Discharge summaries. Reporting of progress during the course of treatment.

Purpose(s) or need for which the information is to be used:

- Assist client in meeting legal requirements
- Coordination of Care
- Transfer Tx to another agency
- Assist with housing application
- Other:

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time except to the extent that action has already been taken to comply with it. Redislosure of my medical records by those receiving the above authorized information may not be accomplished without my further written consent. Without my express revocation, the consent will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on XXX (date supplied by patient: or (3) under the following condition(s):

The time upon which authorization becomes revokable may be no earlier than patient's completion of treatment.

Date: •	Signature of Patient or Person Authorized to Sign for Patient *
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FOR VA USE ONLY

IMPRINT Patient Data Card (Name, Address, Social Security Number)	Type and Extent of Material Released	
	Date Released	Released By:

Eligibility Criteria for VTC

To qualify for the VTC a defendant **MUST**:

- Have a pending misdemeanor offense in Bexar County
- Be a veteran, on active duty, or in the Reserves or National Guard
- Have an Honorable, or General Under Honorable Conditions, Discharge (if separated or retired)
- Be a resident of Bexar or an adjacent county
- Have a mental illness or Substance Abuse Disorder (Post-Traumatic Stress Disorder, Traumatic Brain Injury, depression, anxiety or psychotic disorder)
- Not have a felony conviction or pending felony case.

The VTC program is voluntary and normally (12) months in duration. There are two tracks offered in the VTC program: Track 1 – Pretrial Diversion and Track 2 – Deferred Adjudication or regular Probation. There is a standard \$1000 VTC Program Fee, which takes the place of all fines and costs. Compliance with probation conditions as well as treatment is mandatory.

The District Attorney has final approval for eligibility as well as Track 1 and/or Track 2 offers. All misdemeanor cases will be reviewed for acceptance on a case-by-case basis.

If you are a qualifying veteran and would like to apply to the VTC program, please contact 1SG Victor Byrd at 335-2639 or Capt Michael S. McCollum at 335-6640.

Veterans Treatment Court

MISSION STATEMENT

The mission of the Bexar County Veterans Treatment Court is to assist Veterans and their families to become integral and productive members of the community through a collaborative effort. To honor them and restore their dignity for their selfless service to our country, we shall leave no veteran behind.

VTC Presiding Judge

The Honorable Wayne A. Christian
COL, U.S.A., Ret.
(210) 335-2156

Veterans Court Manager

Michael McCollum, LCSW
(210) 335-6640

Veterans Court Case Manager

Victor L. Byrd
(210) 335-2639



Bexar County VTC will not discriminate based on color, national origin, religion, sex, disability, age, etc., in the delivery of our services



VETERANS TREATMENT COURT

