



Veteran's Treatment Court Application



What is Veterans Treatment Court (VTC)?

Veterans Treatment Courts are specialized problem-solving courts designed to address the unique needs of justice-involved veterans. These courts acknowledge that many veterans face specific challenges—such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), mental health issues, and substance abuse—that may contribute to their legal problems. As a result, Veterans Treatment Courts provide an alternative to traditional criminal justice processes, prioritizing treatment and rehabilitation over punishment alone. See §394.47891, F.S. (2024). Prospective participants are strongly encouraged to review the problem-solving court materials online: [4th Circuit Problem-Solving Court Materials](#)

How do I get approved for VTC?

The state attorney, in consultation with the court, is tasked with approving defendants for VTC. Section 394.47891, Florida Statutes, also mandates that defendants apply to the state attorney's office for consideration. To be considered, defendants must complete the steps below.

1. **APPLICATION:** Submit this application to SAO4VTC@coj.net.
2. **DD-214:** Provide the defendant's service record, e.g., DD-214, within two weeks of submitting the application. If the defendant does not have their service record, please visit <https://www.va.gov/records/get-military-service-records/> to obtain the record. If the defendant is on active duty, submit a SARP evaluation in lieu of a DD-214.
3. **ASSESSMENT:** Contact the State Attorney's Office (SAO) treatment court team within five business days to confirm that the defendant is scheduled for an assessment or screening.
4. **ROI:** The defendant will sign a Release of Information (ROI) to release the clinical assessment or screening report to the SAO, VTC Judge, and the VTC team.
5. **REVIEW:** The State Attorney's Office, VTC Judge, and VTC team will review the foregoing materials to determine whether the defendant is eligible for the program.

Demographic Information

- **Defendant's Name:** _____
- **Case Number(s):** _____
- **Custody Status:** ☐ IN JAIL ☐ OUT

Veteran's Treatment Court Application

- **Defense Attorney:** _____
- **Date of Birth:** _____ **Last 4 of SSN:** _____
- **Phone:** _____ **Email:** _____
- **Current Address:** _____
- **Branch of Service:** _____ **Rank:** _____
- **Dates of Service:** _____ **MOS:** _____
- **Military Discharge Status:**
 - ☐ Active Duty or Reserves ☐ General
 - ☐ Honorable ☐ Other Than Honorable

Eligibility Criteria

- **Criminal Charges:** _____
- **Service-Related Conditions:**
 - ☐ Substance Use Disorder ☐ PTSD
 - ☐ Military Sexual Trauma (MST) ☐ Traumatic Brain Injury
 - ☐ Mental Health Condition(s): _____
- **County of residence:** _____ (Defendants must live in the county where the VTC program is offered. If the defendant's county of residence differs from the criminal court venue, the case may be transferred to another county upon request.)

Risk and Need Assessment

VTC is an abstinence-based treatment program. Participants are prohibited from using alcohol, medical marijuana, Schedule II/ 2/2N stimulants (e.g., Adderall), or narcotics (e.g., codeine). Many prescriptions and supplements are not allowed. All vitamins, supplements, and medications require approval from the case manager.

Veteran's Treatment Court Application

- **Substance Use History:**

- Substance(s) used: _____
- Frequency and duration: _____
- Previous treatment programs: _____
- Receiving medication-assisted treatment (MAT)? _____

- **Mental Health History:**

- Diagnosed conditions: _____
- Treatment history: _____

- **Housing Stability:**

- Current housing situation: _____
- Homelessness history: _____

Additional Considerations

VTC is a minimum one-year, court-supervised treatment program. Participants must be ready to appear in court weekly or bi-weekly, submit to random urinalysis twice a week, attend both individual and group therapy, and meet a variety of additional special conditions.

- **Do you have a valid driver's license, OR someone who can assist with your transportation needs for the next year?** ___ YES ___ NO

- **Additional Support Needs:**

- Housing (Yes/No) _____
- Transportation assistance (Yes/No) _____

- **Special Accommodations:**

- Any special needs or accommodations required _____
-

Veteran's Treatment Court Application

DEFENDANT ACKNOWLEDGEMENTS	YES	NO
1. I understand that the Veteran's Treatment Court ("VTC") is a rigorous treatment program lasting a minimum of one year, and I request approval to participate.		
2. I am a current or former member of the military, or I am a "servicemember" as defined by Section 394.47891(2)(c), F.S. (2024).		
3. I have a service-related mental health condition, a service-related traumatic brain injury, a service-related substance use disorder, a service-related psychological problem, or I have experienced military sexual trauma.		
4. If approved for VTC, I agree to pay restitution to the identified victim(s), if any, for any damage or loss caused directly or indirectly by my criminal actions.		
5. I agree to undergo screening for VTC and to have the results shared with the Treatment Court, the State Attorney's Office, my defense attorney, and the Veterans Administration.		
6. I qualify for full VA medical benefits.		
7. I possess a valid driver's license or will arrange alternative transportation to participate in VTC each week.		
8. I will provide a copy of my DD214 or active-duty service record as a requirement for my VTC admission.		
9. I agree to sign a release of information allowing Veterans Administration personnel to access my medical records.		

Veteran's Treatment Court Application

I swear or affirm that I have reviewed the statements above and have answered them truthfully to the best of my ability. I understand that any false information provided in this application could disqualify me from participating in VTC. I request approval from the State Attorney's Office to be screened and considered for VTC. Although I may be eligible for VTC, I do not have the right to participate in the program, and the VTC Judge will make the final determination.

Defendant's Signature

Date

DD214 or Active-Duty Service Records Submitted: ☐ YES ☐ NO

DEFENSE COUNSEL ACKNOWLEDGEMENT

1. I have furnished a copy of the VTC Participant Handbook to my client for review.
2. My client agrees to waive their right to a speedy trial to allow ample time for completing the VTC application process.
3. Defense counsel swears or affirms the above-referenced application was reviewed with Defendant, who has authorized me to submit this application on their behalf.

Attorney for Defendant, FL Bar #

Date

*****Submit completed applications to SAO4VTC@coj.net*****

Next Steps...

1. Submit DD214 or Active-Duty Service Records.
2. Complete assessment with Veteran Justice Officer (VJO).
3. Sign the Release of Information with VJO.
4. Applicant materials will be compiled and distributed to the VTC team for review.
5. Email SAO4VTC@COJ.NET for questions or updates.