CONFIDENTIAL

Veterans Treatment Court Application

WHAT IS VETERANS TREATMENT COURT (VTC)?

Veterans Treatment Courts (VTC) are specialized problem-solving courts created to address the unique needs of justice-involved veterans. See §394.47891, F.S. (2025). They offer an alternative to incarceration that emphasizes treatment and rehabilitation to promote public safety. Prospective participants should review the 4th Circuit Problem-Solving Court Materials online, accessible via this QR code.

APPROVAL PROCESS

1. **APPLICATION & MILITARY RECORD:** Submit this application and military service record to DrugCT@coj.net **AND** SAOScreeningRequest@coj.net.
    a. **Veterans:** The defendant's service record, e.g., DD-214, should be submitted within two weeks of submitting the application. To request a copy of the defendant's DD-214, visit: https://www.va.gov/records/get-military-service-records/.
    b. **Active duty:** Submit a SARP evaluation or other recent military service record.
2. **ASSESSMENT:** Once your application is received, a VTC representative will contact you within five business days to schedule a clinical screening.
3. **REVIEW:** The VTC Team will review the defendant's application, military record, and screening report to determine whether the defendant is eligible and appropriate. For questions about the status of a pending application, please contact the VTC Court Coordinator in your jurisdiction.

DEFENDANT'S DEMOGRAPHIC INFORMATION

Custody Status: ___ IN JAIL ___OUT **Case No(s):** _____

Name: _____ **DOB:** _____

Last 4 of SSN: _____ **Phone:** _____ **Email:**_____

Address: _____

Military Status: ☐ Active Duty or Reserves ☐ Veteran **Branch:** _____

MOS: _____ **Rank:** ____ **Dates of Service:** _____ **Discharge Type:**_____

DD214 or Active-Duty Service Records Submitted: ___ **YES** ___ **NO**

Defense Attorney: _____ **Phone/Email:** _____

ELIGIBILITY CRITERIA

Criminal Charges: _____

County of residence: _____ (Defendants must reside in the county or have their case transferred to the county where they reside. See Court Administration regarding transfers.)

Service-Related Conditions:

- ☐ Substance Use Disorder
- ☐ Post Traumatic Stress Disorder (PTSD)
- ☐ Military Sexual Trauma (MST)
- ☐ Traumatic Brain Injury
- ☐ Mental Health Condition(s): _____
- ☐ Other: _____

RISK AND NEED ASSESSMENT

VTC is an abstinence-based treatment program. Participants are prohibited from using alcohol, medical marijuana, Schedule II stimulants (e.g., Adderall), or narcotics (e.g., codeine). Many medications, vitamins, and supplements are prohibited. All products require approval from the case manager or the court, as outlined in the participant handbook.

Substance Use History:

- o Substance(s) used, frequency, and duration: _____
- o Previous treatment programs: _____

Mental Health History:

- o Diagnosed conditions: _____
- o Treatment history: _____

Additional Support Needs:

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

ADDITIONAL CONSIDERATIONS

VTC is a minimum one-year, court-supervised treatment program. Participants must be prepared to appear in court on a weekly or bi-weekly basis, submit to random urinalysis two to four times a week (including weekends), attend both individual and/or group therapy, adhere to travel restrictions, and comply with various special conditions.

DEFENDANT ACKNOWLEDGEMENTS	YES	NO
1. I understand that Veterans 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. (2025).		
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 my criminal conduct caused any damage or loss, I will be required to pay restitution to the victim(s) as part of my participation in VTC. I agree to pay restitution upon receiving proof of loss and may request a hearing regarding the amount if needed.		
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. If I am not an existing patient with the Veterans Administration (VA), I agree to apply for VA healthcare 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.		

I swear or affirm that I have reviewed the statements above and answered them honestly to the best of my ability. I understand that providing false information in this application could disqualify me from participating in VTC. I am requesting to be screened and considered for VTC. I also understand that the VTC Judge will make the final decision regarding my eligibility.

_____ _____

Defendant's Signature **Date**

DEFENSE COUNSEL ACKNOWLEDGEMENT

1. I have furnished a copy of the VTC Participant Handbook to my client for review.
2. POST ARRAIGNMENT CASES: My client agrees to waive their right to a speedy trial to allow 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 DrugCT@coj.net and SAOScreeningRequest@coj.net*****