

A. Dee Morris  
Presiding Judge

Jenny Mehdikarimi  
Coordinator  
[jcmehdikarimi@cherokeecountvga.gov](mailto:jcmehdikarimi@cherokeecountvga.gov)

154 North Street  
Canton, Georgia 30114  
Tele phone: (678) 493-6585  
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STATE OF GEORGIA



Cherokee County  
Veterans Treatment Court

**Veterans Court Team**  
Susan Treadaway, District Attorney  
Todd Hayes, Solicitor General  
Captain Darin Downey  
Dick Hall, Mentor  
Department of Community Supervision  
Cherokee County Probation Services  
Canton Defense Bar  
Highland Rivers

**VETERANS TREATMENT COURT APPLICATION PACKET**

Return this completed packet to the Veterans Court Coordinator (154 North St). **Incomplete applications will not be processed.** Include the case number where indicated. This packet includes:

- ☐ Veterans Court Participant Contract (*if entry is approved and a plea is entered, the participant contract will be filed with the Clerk of Court*)
- ☐ Waiver of Fourth Amendment Rights (*if entry is approved and a plea is entered, this document will be filed with the Clerk of Court*)
- ☐ Waiver of Right to Withdraw Guilty Plea (*if entry is approved and a plea is entered, this document will be filed with the Clerk of Court*)
- ☐ Waiver of Rights (*if entry is approved and a plea is entered, this document will be filed with the Clerk of Court*)
- ☐ Waiver of Right to Assert Specified Grounds as a Basis for Motion of Recusal (*if entry is approved and a plea is entered, this document will be filed with the Clerk of Court*)
- ☐ Participant Information form
- ☐ Criminal History Consent Form
- ☐ Consent for Disclosure/Release of Confidential Substance Abuse/Mental Health Information
- ☐ Consent to Search
- ☐ Home Visit Information Sheet
- ☐ VTC Information Release Form
- ☐ Urine Abstinence Testing and Incidental ALCOHOL Exposure Contract
- ☐ Urine Abstinence Testing and Incidental DRUGS OF ABUSE Exposure Contract
- ☐ Dilute Test Policy
- ☐ VA Form 10-5345 Request for Authorization to Release Health Information
- ☐ VA Form 10-10EZ Application for Health Benefits (*upon Request*)
- ☐ **Provide copy of Defendant's DD 214-Member 4**

Additional (Superior)

- ☐ Special Conditions for VTC Bond Release (*Per request from Attorney*)

After the completed packet is received, the defendant must contact Veterans Court Coordinator to schedule an interview and assessment. Once the defendant has been interviewed, the defendant's case will be presented to the Veterans Court Team for discussion. The prosecutor handling the case will notify the attorney of record of the Team's decision.

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**Reminder: These forms may be updated occasionally, so please get a new packet for each applicant. Do not keep copies for future use.**

STATE OF GEORGIA

STATE OF GEORGIA

CASE NO. \_\_\_\_\_

vs.

OFFENSES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VETERANS TREATMENT COURT CONDITIONS AND PARTICIPANT CONTRACT**

You are being placed in the Veterans Court Program pursuant O.C.G.A. 15-1-17 and to a sentence of the Court and will be continued in such program provided you comply with the terms and conditions outlined in this document. Read these terms carefully, initial each condition, date and sign the agreement.

I \_\_\_\_\_ understand that I have been permitted to participate in the Veterans Court Program, and that I must fully comply with the counseling recommendations and all other Court imposed conditions of the program. I also understand that I have entered a plea of guilty to these charges and sentencing has been withheld and if I fail to obey the terms herein, I shall be terminated from the Veterans Court and will be returned to the appropriate Court for sentencing.

- 1) \_\_\_\_\_ I understand the validity of this contract is conditioned upon my eligibility for the Cherokee County Veterans Treatment Court Program (Veterans Court). If at any time after the execution of this agreement and in any phase of the Veterans Court Program, it is discovered that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program and traditional criminal proceedings will resume.
- 2) \_\_\_\_\_ While participating in the Cherokee County Veterans Treatment Court Program, I am under the jurisdiction of the Court and shall be supervised for a minimum of 2 years and shall obey any and all rules, regulations, and/or policies which are now in effect or which may come into effect at any time. I will not violate the laws of the State of Georgia, the United States of America, or any governmental unit. I will be assigned to attend Veterans Court Status Conference hearings for a progress review on a regular basis. Any non-compliance with the Veterans Court Contract and/or rules and regulations of the program specified herein will be considered sufficient cause to warrant disciplinary action and/or termination from the program.
- 3) \_\_\_\_\_ The Veterans Court Office will supervise my case and monitor my progress and participation in treatment. The Coordinator may require periodic meetings with me at the Veterans Court Office. **My participation in the Cherokee County Veterans Treatment Court Program will involve a commitment of my time and will not be solely at my convenience.**
- 4) \_\_\_\_\_ I understand if I enter this program and fail to complete it, I may be barred from future participation.
- 5) \_\_\_\_\_ I understand that during the entire term of the Veterans Court Program, I will be required to attend court sessions, graduations, case management, and treatment sessions; submit to random drug testing; and remain clean, sober and law-abiding. I agree to abide by the rules and regulations imposed by the Veterans Court Team. I understand that if I do not abide by those rules and regulations, I may be sanctioned or terminated from the program.

- 6) \_\_\_\_ I understand I am required to be employed, be in an approved education program, or in a life situation where other persons or entities are willing to assume responsibility for my Veterans Court fees of \$35.00 per week. I am also required to pay a one-time fee of \$50 towards indigent defense. **Failure to verify my method of support and meet this requirement may result in a sanction of community service work as long as this requirement is not fulfilled.**
- 7) \_\_\_\_ I understand I am required to be responsible for my own transportation and will appear **ON TIME** for all court sessions, treatment sessions, and meetings as required. Lack of transportation is **NOT** an acceptable excuse to miss or be late for any Veterans Court-related activity.
- 8) \_\_\_\_ As part of the treatment services, all treatment providers will provide the Court with any necessary reports concerning my diagnostic intake, involvement and participation in assigned alcohol education classes, assigned counseling or treatment programs, or any non-compliant status.
- 9) \_\_\_\_ I understand there is a \$100.00 one-time fee due at orientation (program intake). \$50.00 to CCVTC and \$50.00 to Indigent defense. The fees for the program will begin the week after my orientation. The fees will be **\$35.00** per week and will be paid directly to the Cherokee County Veterans Treatment Court. Administrative fees may also be assessed. All fees will be due by the last business day of each month. **(NOTE: These fees do not include the monthly probation supervision fee which is due and payable to the designated probation office.)** Failure to pay mandated fees may result in assignment of community service. Community Service does not relieve the participant of paying the fee arrearage.
- 10) \_\_\_\_ I am to willingly submit to all drug screening requested of me. These will be **random and monitored** drug screens. I understand the cost of the drug screens is included in the program fees; however, if I am required to take additional screens as a sanction I will be responsible for payment of those additional screens. I also understand that if I contest a positive screen I must pay the \$65.00 fee to send the sample to another lab for confirmation.
- 11) \_\_\_\_ **I understand that I must not use alcohol and/or illegal drugs or any other mind altering substances. Abstinence is a necessity if I am to remain involved in the program.** Regular, random, monitored breath and urinalysis tests will be required of me. I agree to submit to all such tests. I understand that a positive reading will lead to a sanction for non-compliance. **Refusal to take a test, a dilute test or missing a test will be treated as a positive test.**
- 12) \_\_\_\_ I understand that if my urine screen, breath test, or any other form of substance testing indicates a positive result, at any time while in the program, I will receive a sanction from the Veterans Court Team. I understand that the Court will not conduct any evidentiary hearing to allow me to contest such a result and that I will not be allowed to submit any separate results from any other laboratory or testing process. I understand that I will be given the opportunity to request a confirmatory test at the time the sample is given and at my own expense; however, I also understand that, should such testing confirm the positive result, my sanction will be increased.
- 13) \_\_\_\_ I understand that substituting, altering, or trying in any way to change my body fluids for purposes of testing will be grounds for sanctions up to and including termination from Veterans Court Program.
- 14) \_\_\_\_ I understand that participating in Veterans Court Program requires me to be drug- and alcohol-free at all times. I will not possess drugs (including marijuana; synthetic marijuana; bath salts; kratom; and other such substances), alcohol, paraphernalia, and I will not possess or use e-cigarettes or vaporizer pens. I will not associate with persons of disreputable or harmful character, **nor will I be present while drugs or alcohol are being used by others.**

- 15) \_\_\_\_ I agree to be alcohol-drug tested at any time by a law enforcement officer (i.e. police, sheriff, etc.), treatment provider, or Veterans Court staff, or at the request of the Court by any agency designated by the Court.
- 16) \_\_\_\_ I agree to inform any law enforcement officer with whom I come in contact that I am in Veterans Court and report any contact with law enforcement to my probation officer and case manager within 48 hours.
- 17) \_\_\_\_ As a condition of participation in this program, I agree to the search of my person, property, place of residence, vehicle and personal effects at any time with or without a warrant, and with or without probable cause, when required by a probation officer, treatment staff, Veterans Court Staff, and/or law enforcement officer. I hereby give permission for such individuals to remove -- forcibly, if necessary -- any locks or other hindrances that may prevent access to such places and property for the purpose of any such search.
- 18) \_\_\_\_ While in the program, an arrest for any moving violation, alcohol or drug related misdemeanor or felony, including a new DUI offense, must be reported to the Veterans Court Office immediately. If incarceration is involved, then notification must occur immediately upon release. I understand that obtaining any new charges may be grounds for termination.
- 19) \_\_\_\_ I agree to attend all group and/or individual counseling sessions to which I am assigned. I will be on time for all sessions. Attendance is mandatory, but attendance alone will not satisfy the requirements for successful completion of the program. Poor participation, inattentiveness, being late, violation of the abstinence requirements, or failure to attend my program assignments will result in my return for judicial review and possible termination.
- 20) \_\_\_\_ The Treatment Provider(s) will evaluate and report information about my attendance and participation to the Veterans Court Office each week.
- 21) \_\_\_\_ I will inform all treating physicians that I am in a recovery program and that I may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to the Veterans Court Coordinator and get specific permission from the Veterans Court Team to take such medication. Taking medication without prior approval from the Veterans Court Team and/or taking medication not as directed will result in a sanction or termination from the program.
- 22) \_\_\_\_ I agree to be responsible for what goes into my body that may affect alcohol/drug test results. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic and non-addictive and that it contains NO ALCOHOL. I will pre-register any and all medications, prescribed or over the counter, with my case manager and with the Veterans Court Team.
- 23) \_\_\_\_ I understand that I must report to the Veterans Court Office any change of my home address, place of employment, and work/home telephone number within 24 hours of the change. I also understand the changes must be reported in writing to the Treatment Coordinator and my Probation Officer. My place of residence is subject to Veterans Court approval, and I will not move or stay outside of Cherokee County.
- 24) \_\_\_\_ Missing court will be excused in emergency situations only. Emergency situations are defined as death or illness that renders you incapable of coming to court and **must be verified in writing by a physician.** Further, I understand I must have prior approval from the Treatment Provider for class absence. If I miss a scheduled group meeting or counseling appointment and have notified the Treatment

Provider by telephone, I understand that this absence will not be excused until written documentation is provided verifying the absence. Additionally, I understand that I must make up any such missed group meeting as directed. Unexcused absences will be sanctioned and administrative fees may be incurred.

- 25) \_\_\_\_ I understand that during court and treatment sessions and periods of incarceration, arrangements must be made for the care and supervision of any children I have who are under the age of 18 years old. If such children are brought to the courtroom and to treatment, they **MUST** be accompanied by a non-Veterans Court participant at all times.
- 26) \_\_\_\_ I understand I must support my legal dependents living with or without me, as custodial or non-custodial parent to the best of my ability.
- 27) \_\_\_\_ I understand I am to be at my residence when not at work or court required functions unless I have completed a travel request and received permission to travel from the Veterans Court Office. All travel must be approved by the Veterans Court Office in advance. **No travel** is allowed during the first ninety (90) days of the program.
- 28) \_\_\_\_ Participation in the Veterans Court will require attendance at outside support group meetings and I agree to attend these as required in my treatment plan.
- 29) \_\_\_\_ Confidentiality is of the highest importance in treatment. The identity of other group members and any personal information they may share during the group sessions is confidential and may not be disclosed to anyone without the written permission of the person it pertains to. Violation of confidentiality will lead to sanctions.
- 30) \_\_\_\_ I understand that if I exhibit behaviors of harm to myself or others, confidentiality will no longer apply and the proper authorities and my emergency contact will be notified.
- 31) \_\_\_\_ I will not possess a firearm or a knife exceeding six inches (6") in blade length while in the Veterans Court Program. **I am to bring NO weapons of ANY kind to the Veterans court counseling sessions, probation officer, or to Court.**
- 32) \_\_\_\_ I understand that I am not to purchase any alcoholic beverages or drugs or enter an establishment where alcohol sales comprise fifty percent or more of their business unless for employment purposes and approved by the Veterans Court Team, even if I am of legal age to purchase alcohol. I also understand that I may not enter any "smoke shops" or "head shops."
- 33) \_\_\_\_ I understand that I am subject to the rules and regulations set out in the Participant Handbook and in any policy documents given to me by the Veterans Court. I understand that I am also subject to behavior contracts and possible step-up plans. Failure to comply with step-up plans may result in termination from the program. I understand that the Handbook may be revised from time to time and I will be expected to read and abide by any revised Handbooks that may be distributed.
- 34) \_\_\_\_ I understand once I have been accepted into this program I will be considered a participant in this program and subject to all program rules and requirements until such time as I am formally discharged by the Veterans Court Judge. Discharge will occur in the event of: 1) successful completion and graduation from the program; 2) termination from the program by order of the Court; or 3) withdrawal by permission of the Veterans Court Judge. I will not at any time have the option to unilaterally withdraw from the program even if I am facing a sanction.

- 35) \_\_\_\_\_ I understand that all conditions and restrictions of the Veterans Court Program are **in addition to** those of my bond or probation.
- 36) \_\_\_\_\_ For purposes of Veterans Court proceedings, I agree to waive my right to have my attorney of record present. I understand that my case may be discussed, and sanctions (including incarceration) may be imposed, without my attorney or the prosecutor present.
- 37) \_\_\_\_\_ I understand that I will be **REQUIRED** to reside in Cherokee County throughout the duration of my participation in the Veterans Court Program, including the maintenance and aftercare phase.
- 38) \_\_\_\_\_ I understand if or when I graduate from the Veterans Court Program, I agree to contact the Veterans Court staff annually (or allow them to contact me) for a period up to five (5) years and to allow them continued access to my criminal and driving history for that five-year period.
- 39) \_\_\_\_\_ Failure to satisfy any of the previously stated terms of this agreement will result in my case being returned to the Court for appropriate action.

40.) \_\_\_\_\_ In addition to the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge that I have read and understand all of the terms and conditions of the contract numbered 1-40 above. I have been given the opportunity to ask any questions I may have. I hereby voluntarily enter into this agreement with the Cherokee County Veterans Treatment Court Program.

\_\_\_\_\_  
Defendant's Full Name (print)

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Defendant (print)      Bar Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Signature

I have interviewed the Defendant, reviewed program requirements, and provided an opportunity for the Defendant to ask any questions he/she may have. I am not aware of any problems that would prohibit the Defendant from successfully completing the Cherokee County Veterans Treatment Court Program.

\_\_\_\_\_  
VETERANS COURT STAFF

\_\_\_\_\_  
Date

Approved By:

\_\_\_\_\_  
Veterans Court Judge

\_\_\_\_\_  
Date

IN THE \_\_\_\_\_ COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA

STATE OF GEORGIA

V.

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\*  
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CASE NUMBER: \_\_\_\_\_

**WAIVER OF FOURTH AMENDMENT RIGHTS**

COMES NOW, \_\_\_\_\_ Defendant in the above styled case and states to the Court the following:

I understand that I have rights that protect me from unreasonable search and seizure.

I understand that these rights are guaranteed by the Fourth Amendment to the United States Constitution, as well as the Georgia Constitution.

I also understand that I can voluntarily give up these rights as part of a negotiated plea agreement or as part of an alternative of court and as an acceptable alternative to incarceration.

I do hereby waive and give the rights listed above, and do hereby consent to a search of my person, papers, personal effects, residence, vehicle, cell phone, computer, tablets, digital media storage, social media and bodily substances. I further consent that such a search may be conducted by my probation officer, Surveillance officer or by any law enforcement officer. I agree that such a search may be conducted without a warrant and without probable cause, articulable suspicion, or reasonable grounds. I consent to the use of any evidence seized doing such a search in any prosecution that may arise from said search.

Respectfully submitted this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Attorney for Defendant

\_\_\_\_\_  
ADA/ASG

IN THE \_\_\_\_\_ COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA

STATE OF GEORGIA

V.

\_\_\_\_\_

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CASE NUMBER: \_\_\_\_\_

**WAIVER OF RIGHT TO WITHDRAW GUILTY PLEA**

COMES NOW, \_\_\_\_\_, Defendant in the above-styled case and states to the Court the following:

I understand that I have been permitted to enter the Cherokee County Veterans Treatment Court Program. I understand that I must fully comply with all the terms and conditions of this program as set forth in the written sheet of conditions I have reviewed with the Court Coordinator. I also understand that, as one of the conditions of my entry into this program, I must enter a plea of guilty to one or more of my charges. I agree to do this, thereby relieving the prosecution of the burden of proving me guilty at a trial, as consideration for the opportunity to earn a dismissal of these charges.

I understand that upon my successful completion of all the terms and conditions of this program, the State will consent to the withdrawal of my plea of guilty and move to dismiss these charges. I further understand and fully agree that should I fail to obey fully the terms and conditions of this Program, the Program will be terminated, and I may be sentenced on these charges by the Court in its discretion, up to the full amount of my maximum exposure on each charge. In exchange for the opportunity to avoid a conviction on these charges, I agree specifically to relieve the prosecution of the burden of proof at a trial, as well as my right to withdraw my plea of guilty prior to sentencing. I have been advised by counsel of the risks involved in taking this action, and voluntarily agree to enter the Program on these terms.

No one has made to me any threats or promises in order to obtain my entry into this program.

Respectfully submitted this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Attorney for Defendant



IN THE \_\_\_\_\_ COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA

STATE OF GEORGIA

V.

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\*  
\*

CASE NUMBER: \_\_\_\_\_

**WAIYER OF RIGHTS**

The above Defendant and his/her counsel acknowledge and agree to the following, as a consideration for acceptance and/or continued participation in the Cherokee County Veterans Treatment Court (CCVTC)

I understand that as a condition of my acceptance and/or continuing participation in Veterans Treatment Court I will be required to waive certain rights, specifically:

- 1) I understand that under the United States Constitution and the Constitution of Georgia I have the right to confront and question any witnesses who may testify against me;
- 2) As a condition of my voluntary participation in CCVTC, I hereby expressly waive, for the purposes of any sanction or termination proceeding, any right of confrontation I may be afforded under the United States Constitution and the Georgia Constitution to confront, cross-examine, and question any witness from any laboratory used by CCVTC in any confirmation test; and
- 3) I understand and agree that should a motion to terminate or a motion for sanctions be brought, I expressly waive the right to confrontation of any lab technician who participated in the testing of my supplied specimen, and I agree and stipulate to the reliability and admissibility of my drug test results as performed by any laboratory used by CCVTC in a confirmation test.

This is a waiver of the evidence in the State's case-in-chief. Nothing in this waiver shall prevent me from exercising my ability to subpoena a witness from the testing facility and pay the required costs to obtain the witness on my own, or to make arrangements myself to have such witness testify by telephone or videoconferencing. I understand that I am entitled to review any written test results from such confirmation test and to consult with the CCVTC defense attorney or private counsel about those results.

The above Defendant/ CCVTC participant hereby freely, voluntarily, and knowingly waives the above out-lined rights in any termination or sanction proceeding and acknowledges that s/he has done so after receiving the advice of his/her attorney.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defense Attorney Name

\_\_\_\_\_  
Signature of Defense Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
A. Dee Morris, Presiding Judge  
Cherokee County Veterans Court

\_\_\_\_\_  
Date

IN THE \_\_\_\_\_ COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA

STATE OF GEORGIA

V.

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\*  
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CASE NUMBER: \_\_\_\_\_

**WAIVER OF RIGHT TO ASSERT SPECIFIED GROUNDS AS A  
BASIS FOR MOTION OF RECUSAL**

The defendant and his/her counsel acknowledge that, as a condition of acceptance to and/or continued participation in the Cherokee County Veterans Treatment Court program:

1. Upon a plea into Veterans Court my case(s) will be assigned to the Veterans Court division of State Court and Superior Court before the Honorable A. Dee Morris; and
2. Should defendant fail to successfully complete the Veterans Court program and be terminated from said program, the case(s) will remain assigned to Judge Morris.

Understanding that his/her case will be assigned to Judge Morris throughout all proceedings, until ultimate disposition of the case, irrespective of defendant's success or failure in completing the Veterans Court program, the defendant hereby waives his/her right to assert as a basis for a motion to recuse the sitting judge:

1. That judge's personal involvement with the defendant during his/her participation in the Veterans Court program;
2. That judge's knowledge, both personal and otherwise, of defendant's compliance or non-compliance with the requirements of the Veterans Court program; or
3. That judge's decision to terminate the defendant from the Veterans Court program on the basis of his/her failure to comply with such requirements.

Defendant hereby freely, voluntarily, and knowingly waives the right to assert the foregoing as grounds for a motion to recuse and acknowledges that he/she does so having consulted with counsel.

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT'S ATTORNEY

\_\_\_\_\_  
DATE

## INFORMATION

### APPLICANT

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Nickname or other Alias Names: \_\_\_\_\_

Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ County of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex at birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

Education (Last Grade): \_\_\_\_\_ G.E.D.: \_\_\_\_\_ SID#: \_\_\_\_\_

Driver's License? ☐ Yes ☐ No *If Yes*, State: \_\_\_\_\_ DL#: \_\_\_\_\_

### ADDRESS

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If different than above): \_\_\_\_\_

Own / Rent / Live with Family (circle one)

Email Address: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

### MILITARY

Have you ever served in the U.S. Military? ☐ Yes ☐ No

*If Yes*, which branch? (check all that apply)

☐ Air Force ☐ Marines ☐ Coast Guard ☐ Merchant Marines

☐ Army ☐ Navy ☐ National Guard

**Occupational Specialty/MOS:** \_\_\_\_\_

Dates of Service (mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_ (if unsure, approximate)

What status have you served? (check all that apply)

☐ Active ☐ Inactive ☐ Retired ☐ Reserved

Have you served in a foreign war or conflict? ☐ Yes ☐ No

*If Yes*, name of conflict(s): \_\_\_\_\_

Date in conflict? (List all dates if more than one): \_\_\_\_\_

What type of discharge do you have?

☐ Honorable ☐ General ☐ Bad Conduct ☐ Other Than Honorable ☐ Dishonorable

Are you receiving Veteran benefits? ☐ Yes ☐ No Disability Rating: \_\_\_\_\_%

## EMPLOYMENT

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ )- \_\_\_\_\_  
Employment Type: Retired / Full Time / Part Time / Unemployed / Disabled - Reason for Disability: \_\_\_\_\_  
Income: \$ \_\_\_\_\_ per month / week Paid: hourly at rate of \$ \_\_\_\_\_ /hr  
If unemployed, source of income: \_\_\_\_\_

## FAMILY DETAIL

Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_ Date Married: \_\_\_\_\_

Names/Birthdates of your legal dependents:

\_\_\_\_\_  
\_\_\_\_\_

## MENTAL HEALTH AND SUBSTANCE ABUSE HISTORY

Any diagnosed mental illness? \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Any Prior substance abuse/addiction treatment? \_\_\_\_\_ Where/What program/s? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## HOUSEHOLD DETAIL

Names & Relation of other adults living in your household: \_ \_ \_ \_ \_

\_\_\_\_\_  
\_\_\_\_\_

Names/Ages of other children living in your household \_ \_ \_ \_ \_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently involved with DFACS? Y N Who is your case worker? \_ \_ \_ \_ \_

Contact Number \_ \_ \_ \_ \_

Do you or members of your household receive food stamps? Y N Are you homeless? \_\_\_\_\_

Are you on any other government funded program? Y N If so, what program(s)? \_ \_ \_ \_ \_

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY/OTHER CONTACTS

LIST FRIENDS OR RELATIVES IN THE ORDER WHICH YOU WOULD LIKE THEM CONTACTED IF WE NEED TO REACH YOU

NAME	RELATIONSHIP	ADDRESS	TELEPHONE

## READ AND SIGN BELOW

By signing this document, I am stating to the Court under penalty of perjury that the information contained herein is true and correct.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# CHEROKEE COUNTY VETERANS TREATMENT COURT

## CRIMINAL HISTORY CONSENT FORM

I hereby authorize the Cherokee County Veterans Treatment Court/Cherokee County Sheriff's Office to receive any criminal history information pertaining to me that may be in the files of any criminal justice agency of any state or in the files of any local criminal justice agency in the State of Georgia both now, for purposes of screening for Veterans Court eligibility, and continually for the five years following completion of the program, if I am accepted into the program.

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FULL NAME (PRINT)

---

CURRENT CASE NUMBER

---

ADDRESS

---

CITY

STATE

ZIP CODE

---

SEX

RACE

DATE OF BIRTH

---

SOCIAL SECURITY NUMBER

---

DRIVER'S LICENSE NUMBER

---

STATE

---

SIGNATURE

---

DATE

# **CHEROKEE COUNTY VETERANS TREATMENT COURT**

## **CONSENT FOR DISCLOSURE/ RELEASE OF CONFIDENTIAL SUBSTANCE ABUSE/ MENTAL HEALTH INFORMATION**

I, \_\_\_\_\_ understand that information regarding my eligibility for and participation in the Cherokee County Veterans Treatment Court (CCVTC) may be shared among any or all of the following:

a) The Veterans Court team which includes the Veterans Court Judge, the Veterans Court Coordinator, Case Manager, Mentor Coordinator and other support staff; representatives from the Cherokee County District Attorney's Office, Cherokee County Solicitor's Office, Cherokee County Sheriff's Office, Canton Defense Bar, Georgia Department of Community Supervision, and Georgia Probation Management; Veteran Justice Outreach Specialist, Therapists and support staff who have contracts to provide services to Veterans Court participants, Other Veteran Court participants and attendees, and Researchers, both individual and institutional.

I, \_\_\_\_\_, hereby consent to the above communication. I understand the purpose of, and need for, this disclosure is to inform the Court and all other named groups and parties of my eligibility and/or acceptability for substance abuse treatment services, all my diagnoses (including, but not limited to, mental illness, substance abuse, and medical issues), AND my treatment attendance, prognosis, compliance and progress in accordance with the adult drug court's monitoring criteria. I understand that Veterans Court will receive written reports regarding the type of substance abuse treatment, amount of treatment and monthly cost of my treatment that is billed to the Cherokee County Veterans Treatment Court Program while I am a participant in the program. I understand that I will appear regularly in open court with other Veterans Court participants. I understand that docket entries may be made in the Court's file that may reflect my participation and performance in Veterans Court and that these docket entries may be public record.

I understand that this consent will remain in effect from the date below until revoked by me.

I also understand:

Any disclosure made is bound by the Code of Federal Regulations, 42 C.F.R. 2.11, 2.12, Section 290dd-2 governing confidentiality of alcohol and drug abuse patient records. Recipients of this information may re-disclose it only in connection with their official duties.

As stated in Code of Federal Regulations 42 C.F.R. 2.31, 2.35, as a participant in CCDC, I understand I have the right to revoke this release of information at any time. I further understand that revocation of my consent will result in immediate termination from the program.

The confidentiality of alcohol and drug abuse client records maintained by the treatment provider is protected by federal law and regulations. Generally, the treatment provider may not say to any person outside the program that a client attends the program or disclose any information identifying the client as an alcohol or drug abuser unless:

a) The client consents in writing; b) The disclosure is allowed by a court order; c) The disclosure is made to medical personnel for research, audit or program evaluation; d) In the case of a medical emergency; e) If a client commits a crime, or threatens to commit a crime, while enrolled in the treatment program; or t) the client expresses suicidal or homicidal intent.

Violation of the federal law and regulations by the treatment provider is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state laws to appropriate state or local authorities.

---

Participant's Full Name (Print)

---

Date

---

Participant's Signature

---

Attorney for Defendant/Witness



# CHEROKEE COUNTY VETERANS TREATMENT COURT

## CONSENT TO SEARCH

I, \_\_\_\_\_, am a participant in the Cherokee County Veterans Treatment Court Program. As a condition of the program, I understand I MUST allow my personal residence, motor vehicle, or my possessions to be searched for items that are prohibited by the program.

I hereby consent to searches of my person, residence and motor vehicles by any officer or representative of the Cherokee County Veterans Treatment Court. I understand searches are conducted on a random frequent basis during the entire term of the program. I acknowledge that my refusal to permit any such search is a violation of the Cherokee County Veterans Treatment Court Program and a warrant shall be issued for my arrest.

I further knowingly voluntarily authorize the officer(s) or representative(s) to seize any evidence of a violation of a condition of the program.

This \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

WITNESSED BY:

\_\_\_\_\_  
ATTORNEY FOR DEFENDANT

# CHEROKEE COUNTY VETERANS TREATMENT COURT

## HOME VISIT INFORMATION SHEET

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Directions to your residence (from the Courthouse):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I swear the above information is true and correct and I understand giving false information on this form is a violation of the program rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Veterans Treatment Court Information Release Form

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

This form authorizes the Cherokee County Veterans Treatment Court (CCVTC) to request, receive, and share information as necessary to coordinate treatment, services, and referrals for the participant named above.

### **Purpose of Release:**

To allow referrals, coordination, and communication with service providers and agencies including, but not limited to:

Inpatient treatment programs  
Outpatient treatment providers Veteran service organizations  
Financial assistance programs  
Housing assistance agencies

### **Information to Be Released or Obtained:**

Relevant clinical, financial, demographic, legal, or service-related information necessary for treatment planning, referrals, and case management.

### **Confidentiality:**

All information will be protected under applicable federal and state confidentiality laws, including but not limited to 42 CFR Part 2 and HIPAA.

### **Duration of Consent:**

This release is valid for the duration of participation in the Veterans Treatment Court program unless revoked in writing.

### **Revocation:**

I understand that I may revoke this consent at any time by submitting a written request to the Cherokee County Veterans Treatment Court. Revocation does not apply to information already released prior to the request. Revocation of consent is a program violation and may result in participant termination.

Participant Signature: \_\_\_\_\_

Legal Representative Signature: \_\_\_\_\_

Print Name of Legal Representative: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Date: \_\_\_\_\_

## URINE ABSTINENCE TESTING AND INCIDENTAL ALCOHOL EXPOSURE CONTRACT

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). In order to preserve the integrity of the Veterans Treatment Court testing program, it has become necessary for us to restrict and/or advise Veterans Treatment Court participants regarding the use of certain alcohol-containing products.

It is **YOUR** responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol. It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products **BEFORE** you use them. ***Use of products containing ethyl alcohol (ethanol) in violation of this contract will NOT be allowed as an excuse for a positive test result.***

***When in doubt, don't use, consume or apply!***

**Cough syrups and other liquid medications:** Veterans Treatment Court participants have always been prohibited from using alcohol-containing cough/cold syrups, such as Nyquil®. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent. Veterans Treatment Court participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your coordinator before use (and prescriptions should be reviewed with and approved by the coordinator before being filled by a pharmacist). Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores.

**Non-Alcoholic Beer and Wine:** Although legally considered non-alcoholic, NA beers (e.g. O'Douls®, Sharps®) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. Veterans Treatment Court participants are **not** permitted to ingest NA beer or NA wine.

**Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Fermented products/fermented beverages (such as Kombucha) can have alcohol content percentages often above 0.5% and at higher unregulated levels which could result in a positive screen for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, and flambe' dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Read carefully the labels on any liquid herbal or homeopathic remedy and do not ingest without approval from your coordinator.

**Mouthwash and Breath Strips:** Most mouthwashes (Listermint®, Cepacol®, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl

alcohol can produce a positive test result. Veterans Treatment Court participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by Veterans Treatment Court participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your coordinator.

**Hand sanitizers:** Hand sanitizers (e.g. Purell®, Germex®, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water is just as effective for killing germs.

**Hygiene Products:** Aftershave and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as Off®) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary or repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the court required Veterans Treatment Court participants to regulate their fluid intake to avoid dilute urine samples, it is likewise incumbent upon each participant to limit their use of topically applied (on the skin) products containing ethyl alcohol.

**Solvents and Lacquers:** Many solvents, lacquers and surface preparation products used in industry, construction, and the home, contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. As with the products noted above, Veterans Treatment Court participants must educate themselves as to the ingredients in the products they are using. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, *you need to discuss this with your Veterans Treatment Court Coordinator.* Do not wait for a positive test result to do so.

***Remember! When in doubt, don't use, consume or apply.***

**I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES; MY SIGNATURE IMPLIES MY CONSENT:**

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

## URINE ABSTINENCE TESTING AND INCIDENTAL DRUGS OF ABUSE EXPOSURE CONTRACT

Because the urine tests used for drugs of abuse testing are very sensitive, consumption of certain products can result in positive screens. In order to preserve the integrity of the testing program, it is necessary to restrict and/or advise persons scheduled for random tests regarding the use of certain products.

It is difficult to remember which drugs to avoid and so this list of medications has been prepared for you... what you can take and what you must avoid. You have to take responsibility for all drug use because not every physician, pharmacist, or dentist knows about the court-ordered testing requirement you are under. If you have a particular problem, be sure and discuss it with the Coordinator. No drug of any kind is to be taken without prior approval from the Coordinator. When you show up for testing you must always note on the paperwork you sign any prescription or over-the-counter medications you have taken.

LET YOUR PHYSICIANS, DENTISTS, PHARMICISTS, AND ALL OTHER PERSONS THAT WILL BE INVOLVED IN YOUR RECEIVING MEDICATIONS KNOW THAT YOU ARE RANDOMLY TESTED FOR DRUGS OF ABUSE. **THIS IS EXTREMELY IMPORTANT AS A POSITIVE TEST WILL BE A VIOLATION OF YOUR PROBATION AND WILL RESULT IN YOUR INCARCERATION.**

**DRUGS THAT CAN BE TAKEN** *Do not use any amount beyond what is recommended.*

Advil (OTC)	Aleve	Aspirin	Clinoril
Clinoril (Rx)	Feldene (Rx)	Ibuprofen	Meclomen (Rx)
Tvlenol (OTC)	Motrin	Nalfon	Naproxen
Toradol	Tessalon Perles		

**Antihistamines that CAN be taken:**

Actifed	Afrin	Alka-Seltzer Plus	Allerest	Benadryl
Comhist	Teldrin	Coricidin HBP	Triaminic	Polarmine
Dramamine	Dimetapp	Ornade		

**The following are newer antihistamines and are safer:**

**Claritin      Hismonal      Seldane      Zyrtec      Allegra**

## COUGH AND COLD

(take only as directed)

Mucinex  
Sudafed PE (Phenylephrine  
HCL) Tylenol Cold

Theraflu  
Alkaseltzer Cold  
Advil Cold

## STOMACH/ ANTACIDS

(take only as directed)

Tums	Pepcid
Rolaids	Maalox/Mylanta
Tagamet	Imodium AD
Pepto Bismol	

It is ***YOUR*** responsibility to limit your exposure to the products and substances detailed below. It is ***YOUR*** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products ***BEFORE*** you use them. ***Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt ...***

**DO NOT USE. CONSUME OR APPLY**

## **DRUGS THAT ARE NOT TO BE TAKEN**

### SLEEPING AIDS AND TRANQUILIZERS

Ambien	Ativan	Centrax	Compazine
Dalmane	Deprol	Equanil or Meproamate	Halcion
Limbitrol	Miltown	Milpath	Restoril
Serax	Valium	Vistaril, Atarax	Xanax
Klonopin	Lunesta		

### ANALGESICS

Darvocet N-100	Darvon Cpd.	Darvon	Equagesic
Fiorinal	Norflex	Norgesic	Parafon Forte
Robaxin	Robaxisal	Soma	Talwin
Wygesic	Ultram		

### BARBITURATES

Amytal Na.	Brevital	Butabarbital	Butisol Na.	Donnatal	Eskobarb
Luminal	Mebaral	Nembutal	Pentothal	Phenobarbital	
Seconal	Surita!	Tuinal			

## **DRUGS THAT ARE *NOT* TO BE TAKEN (CONTINUED)**

### **ALCOHOL**

After Shave Lotion	Extracts (Lemon, etc.)	Hair Tonics	Medical Alcohol
Mouth Wash	Perfumes	Sterno	Wood Alcohol

### **OTC-OVER THE COUNTER**

OTC caffeine preparations---Nodoz, Vivarin, etc.

OTC diet aids---Dexatrim, etc.

OTC antihistamines---Dristan, Contac, Sominex, Nytol, Nyquil, etc.

OTC decongestant- Dexamethorphan (DM)

### **ANTICHOLINERGICS/ ANTISPASMODICS**

Atropine	Belladonna & derivatives	Donnatal	Hyosine
Kinesed	Levsin with Pb.	Librax	Pathibarnate
Pro-banthine	Scopolamine	Valpin	

### **MINOR TRANQUILIZERS**

Ativan	Equinal	Librax	Libritabs	Librium	Meprobamate
Milpath	Miltown	Pathibamate	Paxipam	Serax	Trancopal
Tranxene	Valium	Versed	Vesprin	Xanax	Klonopin (clonazepam)

### **NON-AMPHETAMINES STIMULANTS**

Adipex-P	Appedrine	Bontril	Control	Dexatrim	Efed 11	Fastin
Ionamin	Mazanor	Melfat	No-Doz	Plegine	Pondimin	Prela-2
Preludin	Prolamine	Ritalin	Sanorex	Tenuate		

### **SEDATIVES**

Amytal	Carbital	Chloral Hytrate	Doriden	Methaqualone	
Nembutal	Noctec	Noludar	Parest	Placidyl	
Quaalude	Seconal	SodiumPhenobarbital	Sodium Luminal	Sopor	Veronal

### **STIMULANTS**

Benzadrine	Cylert	Desbutal	Desoxyn	Dexadrine	Dexamyl
Dexaspan	Didrex	Eskatrol	Fastin	Ionamin	Methadrine
Methamphetamine		Preludin, Prelu-2		Vyvanse	Adderall



## **DRUGS THAT ARE NOT TO BE TAKEN (CONTINUED)**

### **NARCOTICS/ OPIATES/ OPIOIDS**

A.P.C. w/Demerol	B & O Supp.	Bancap HC	Cocaine	Codeine
Damason-P	Darvon	Darvocet	Demerol	Dilaudid
Dolophine	Dolene	Empirin #1,2,3,4	Empracet	
Fentanyl-Sublimaze	Fiorinal #1,2,3,4	Heroin	Hy-Phen	Hycodan
Hydrocodone	Innovar Inj.	Levo-Dromoran	Leritine	Lomotil
Lorcet	Lortab	Mepergan Forte	Methadone	Morphine
Nubain	Numorphan	Oxycodon	Pantopan	Paregoric
Pentazocine	Perco barbs	Percocet	Percodan	
Phenaphen #1,2,3,4	Phenzocine	Propoxyphene Hd	Roxicet	Roxicodone
Soma Cpd.	Stadol	Sublimaze	Synalgos-D	Talacin C
Talwin	Tic. Opium	Tylenol #1,2,3,4	Tussionex	Tylox
Ultram	Vicodin	Zydone	Zohydro	
Oxymorphone	Suboxone (Buprenorphine)			

### **BROMIDES**

Brome-quinine                      Miles Nervine

### **COUGH SYRUPS** Those containing:

Codeine      Hycodan      Hydrocodone      Oxycodone      Tussionex  
Dextromethorphan

### ***HYPNOTIC/SEDATIVES (sleeping pills)***

Alurate	Ativan	B.A.C.	Butalbital	Butisol	Carbital
Chloral Hydrate		Compoz (OTC)		Dalmane	Doridan
Halcion	Nembutal	Noludar	Nytol (OTC)	Phenobarbital	Paraldehyde
Quaalude	Restoril	Seco Barbitol		Sleepeze (OTC)	

### **HALLUCINOGENS**

Butotenine (Dimethylserotonin)	DET (Diethyltryptamine)	"68"	DMT
Hashies	Hashish	Ibogaine	LSD (Lysergic acid, Diethylamide, Acid)
Marijuana (THC)	Mescaline	Psilocybin	Peyote
"STP" or "DOM" (4-methyl-2, 5, Demethoxyamphetamine)		Ketamine	Psilocin

### **VOLATILE SUBSTANCES/ ANESTHETICS-INHALANTS**

Anesthetics	Amyl/butyl Nitrate	Banana Oil	Fluothane
Freon	Gasoline	Glue	Nitrous Oxide
Paint Thinners	Panthrane	Pentothane	Surita!
Trilene			

**DRUGS THAT ARE *NOT TO BE TAKEN (CONTINUED)***

**SYNTHETICS**

Synthetic Cannabinoids- synthetic marijuana, "K2", or "Spice"

Synthetic Cannabinoids- (Methylenedioxypyrovalerone) (MPV), mephedrone, ketamine, and methylone. "Bath salts," "molly," "glass cleaner," or "plant food"

**FOOD AND OTHER INGESTIBLE PRODUCTS**

Poppy Seeds (Do not ingest anything containing poppy seeds)

Sure-Jell (Pectin)

Kratom

E-cigarettes or vaporizer pens

Kava Kava

CBD Oil

Phenibut

**SUPPLEMENTS AND/OR NON-PRESCRIBED STEROIDS**

Non-prescribed performance enhancing steroids are prohibited. Other supplements including herbal, pre-workout, protein, creatine, etc. will not be approved to take while in the Veterans Treatment Court Program. Supplements may interfere with testing and will be subject to confirmation testing at your own expense. If you take any supplements while in the program it is at your own risk.

This is not an exhaustive list. There are numerous drugs hitting the market daily. Unless the drug is listed on the DRUGS THAT CAN BE TAKEN list, before ingesting any drugs notify your case manager. Be sure to indicate on your paperwork when testing **ALL** drugs, prescription or over-the counter medications that you have consumed.

***Remember! When in doubt, don't use, consume or apply.***

**I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES; MY SIGNATURE IMPLIES MY CONSENT:**

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

# **CHEROKEE COUNTY VETERANS TREATMENT COURT**

## **DILUTE TEST POLICY**

You have been ordered to participate in a urine drug testing program. You will be expected to provide a fresh, clean, unadulterated, undiluted specimen of at least 20 mL. You will only be allowed a maximum amount of 2 hours to produce from the time you first arrive in the building and will have minimal access to fluids in which to provide your specimen. Any failure to provide an adequate specimen, without a documented medical condition which precludes your ability to provide a valid specimen, will be considered a failure to comply with the requirements of the Veterans Court Program. This will be reported to the members of the Veterans Court Team immediately and may result in sanctions.

If for any reason your specimen should test dilute (creatinine less than 20mg/dL), you will be notified of the diluted test and sanctions will be imposed. Diluted tests while in the Veterans Court Program are treated as positive tests.

If you have a positive drug screen and would like a confirmation test performed, you will be required to pay for the cost of the confirmation prior to it being sent to the confirmation lab. The cost of the confirmation test is \$65.00.

By signing below, you are stating you understand this policy and its procedures.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

REQUEST FOR AND AUTHORIZATION TO RELEASE  
HEALTH INFORMATION

## PRIVACY ACT STATEMENT:

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Location of the VA Health Care Facility)*

LAST NAME- FIRST NAME- MIDDLE NAME

DATE OF BIRTH *(mm/dd/yyyy)*PATIENT'S MAILING ADDRESS *(including City, State and Zip Code)*

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

**PURPOSE(S) OR NEED:** Information is to be used by the requestor for:☐ TREATMENT ☐ BENEFITS ☐ LEGAL ☐ EMPLOYMENT ☐ OTHER *(Please specify below):***INFORMATION REQUESTED:** Check applicable box(es) and state the extent or nature of information to be provided:

- ☐ HEALTH SUMMARY *(Prior 2 Years)*
- ☐ PATIENT MEDICAL RECORDS *(Dates):* \_\_\_\_\_
- ☐ INPATIENT DISCHARGE SUMMARY *(Dates):* \_\_\_\_\_
- ☐ PROGRESS NOTES:
- ☐ SPECIFIC CLINICS *(Name & Date Range):* \_\_\_\_\_
- ☐ SPECIFIC PROVIDERS *(Name & Date Range):* \_\_\_\_\_
- ☐ DATE RANGE: \_\_\_\_\_
- ☐ OPERATIVE/CLINICAL PROCEDURES *(Name & Date):* \_\_\_\_\_
- ☐ LAB RESULTS:
- ☐ SPECIFIC TESTS *(Name & Date):* \_\_\_\_\_
- ☐ DATE RANGE: \_\_\_\_\_
- ☐ RADIOLOGY REPORTS *(Name & Date):* \_\_\_\_\_
- ☐ LIST OF ACTIVE MEDICATIONS: \_\_\_\_\_
- ☐ VACCINATION *(Dose, Lot Number, Date & Location):* \_\_\_\_\_
- ☐ ADMINISTRATIVE RECORDS: \_\_\_\_\_
- ☐ OTHER *(Describe):* \_\_\_\_\_

LAST NAME- FIRST NAME- MIDDLE NAME		DATE OF BIRTH (mm/dd/yyyy)
<b><u>SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.</u></b>		
<p>I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <input type="checkbox"/> DRUG ABUSE         </div> <div style="width: 30%;"> <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE         </div> <div style="width: 30%;"> <input type="checkbox"/> SICKLE CELL ANEMIA         </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> HUMAN IMMUNODEFICIENCY VIRUS (HIV)         </div> <p>I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked <u>unless</u> I indicate by checking the box below that I do not want this information released for this specific disclosure.</p> <div style="margin-top: 5px;"> <input type="checkbox"/> <b>I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.</b> </div>		
<p><b>AUTHORIZATION:</b> I certify that this request has been made freely, voluntarily and without coercion and that the information given above 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 may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.</p> <p>I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>		
<p><b>EXPIRATION:</b> Without my express revocation, the authorization will automatically expire (select one of the following):</p> <div style="margin-top: 5px;"> <input type="checkbox"/> AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> ON (mm/dd/yyyy) _____ (enter a future date other than date signed by patient)         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): _____         </div>		
PATIENT SIGNATURE (Sign in ink)		DATE (mm/dd/yyyy)
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)		DATE (mm/dd/yyyy)
PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT	
<b>FOR VA USE ONLY</b>		
TYPE AND EXTENT OF MATERIAL RELEASED		
DATE RELEASED (mm/dd/yyyy)	RELEASED BY:	