

**Delaware County, Pennsylvania** 

Veterans Treatment Court

**POLICY AND PROCEDURE MANUAL** 

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### INTRODUCTION

Delaware County has a longstanding tradition of commitment to its veterans community. Consistent with this commitment, the Court of Common Pleas has established the Veterans Court system in cooperation with the Office of the District Attorney, Office of the Public Defender, and the Department of Veterans Affairs (VA). At this time, the Delaware County model is unique in the Commonwealth in combining three important aspects: 1) identifying every potential participant by having the Magisterial District Justice system screen defendants at their first contact with the judicial system, 2) adopting a "no veteran left behind" policy by providing non-VA treatment resources for applicable veterans, and 3) utilizing a special master, who is a veteran, before whom defendants will regularly appear for the monitoring and adjustment of their treatment plan and sanctions.

### MISSION

The Delaware County Veterans Court will use a "no veteran left behind" policy to enhance public safety by reducing recidivism and conserve county assets. Recidivism will be reduced by rehabilitation of eligible veterans as opposed to incarceration. County assets will be conserved by using federally funded VA treatment programs, where applicable.

## **GOAL**

Re-establish veteran defendants as productive members of our community through the use of VA and non-VA benefits, treatment and support services.

## STRUCTURE/MODEL

Veterans Treatment Court will accept referrals after criminal charges have been filed and the case has been forwarded by the District Court to the Delaware County Court of Common Pleas for further disposition. The matter will be "fast tracked" through the arraignment process and assigned to the Veterans Court Judge. Referrals will also be accepted for criminal defendants who are before the Court of Common Pleas for alleged violations of existing probation/parole sentences (Gagnon).

Participation in Veterans Treatment Court is voluntary. Informed consent will be obtained for evaluation and consideration by the Court Team and again at the point of acceptance into Veterans Treatment Court.

Once a referral is made, the defendant will be classified as "under consideration" for acceptance into Veterans Treatment Court. During this initial consideration period, the primary mechanism for supervision and compliance with recommended treatment will be the imposition of bail conditions.

When the defendant is formally accepted into Veterans Treatment Court, the defendant must enter a plea to certain agreed upon charges. Thereafter the defendant will proceed through the three phases of engagement identified in the Terms of Participation section herein. Sentencing will be deferred pending completion of the Veterans Treatment Court program.

## ELIGIBILITY CRITERIA

Veterans Treatment Court is limited to defendants who have served in a branch of the military.

Veterans with co-occurring disorders (mental health and substance use) will be evaluated for Veterans Treatment Court if they otherwise meet the eligibility criteria, but may be more appropriately referred to Drug Treatment Court and/or Behavioral Health Court.

The court prefers to address non-violent offenses but other crimes will be taken into consideration on a case-by-case basis.

## **EXCLUSIONARY CRITERIA**

While each case will be considered individually, the following offenses will typically be excluded from the court:

- Felony sex offenses
- · Felony crimes of violence
- Defendants are considered ineligible if there are any unresolved out of county charges. It is the responsibility of the offender's counsel to resolve any pending out of county charges.
- Murder and Manslaughter will not be considered under any circumstance.

#### COMPETENCY

If a defendant is referred to Veterans Treatment Court and there is a suspicion, at any time, that the defendant may not be competent to enter a plea, as required by Veterans Treatment Court, a referral will be made to the defendant's counsel to request a motion to have this issue evaluated prior to any further action in the Veterans Treatment Court screening process.

If the defendant is evaluated and considered competent to enter a guilty plea, they may again be considered for Veterans Treatment Court. If the defendant is initially deemed incompetent, then is provided with the necessary treatment to regain competency, the defendant may again be considered for Veterans Treatment Court. If a defendant is deemed incompetent and fails to respond to any measures to restore competency, the defendant may not be considered for Veterans Treatment Court.

## APPLICATION AND REFERRAL PROCESS

Applications and referrals may come from any number of sources. All applications and referrals should be directed to the Office of Adult Probation (Veteran's Coordinator)

At the point where the application or referral is received, an initial screen will be done to gather baseline information to present to the team. All applications and referrals will be reviewed by the team.

After this first level of eligibility is determined, the Veterans Justice Outreach Officer (VJO) will meet with the veteran to determine VA eligibility, and will conduct an assessment to

determine appropriate needs and levels of care. The assessment determines the veteran's suitability for an array of VA programs, including any required treatment (alcohol, drug, mental health, medical), as well as housing and job training. During this meeting, consent from the person will be obtained to allow the exchange of information between the VA, members of the team and any identified service provider.

The VJO will provide a written report with a detailed Treatment Plan within 2 to 3 weeks of referral. The Treatment Plan will be presented to the Veterans Treatment Court Team for review.

In addition to the Treatment Plan, the following documentation will be submitted to the

- Veterans Treatment Court team;
- Psychiatric evaluations, if any;
- History of behavioral health treatment;
- Criminal background history;
- Summary of charges.

After the plan is submitted to the team, it will be reviewed by the team and a determination will be made at that point. The goal is to make this process as efficient as possible.

## RECONSIDERATION POLICY

The Veterans Treatment Court will consider all appropriate referrals on a case-by-case basis. During the consideration process, a myriad of factors are considered. Major emphasis is placed upon the offense as charged, the impact of the court defendant's behavioral health issues in regards to the offense, nature of the offense, prior record, and likelihood of success. This information is derived from police reports, criminal history inquires, stays in treatment, psychological evaluations, contacts with arresting officers and previous probation/parole records.

If a relevant party to the court participant's case (attorney, judge, treatment provider, police officer, etc) feels the Veterans Treatment Court Team failed to consider a particularly important factor, he/she may make a request, in writing, for the case to be reconsidered. The written reconsideration request must be submitted to the Veterans Treatment Court Coordinator. The request must include supportive reasoning for reconsideration. Supportive reasoning is defined as mitigating circumstances pertaining to the crime, psychiatric/psychological reports that may not have been available for the initial consideration, or any other relevant information that can be placed in written format.

The decision by the Veterans Treatment Court will be final.

## ROLES OF THE DECISION MAKING TEAM

## **JUDGE**

The Veterans Treatment Court Judge heads the program. With assistance from the DA, PD, and the VA representative Veterans Justice Office (VJO), screens veterans for proper placement within the court system. The Judge accepts pleas and waivers of rights and handles violations of probation and parole upon acceptance of a defendant into the program. The Judge also imposes, modifies and disposes of sentences. The Judge will conduct a team meeting consisting of the Judge, DA, PD (or private attorney), VJO, and Court Administrator to review the cases on the docket.

#### SPECIAL MASTER

For the cases deemed appropriate by the Judge, the Special Master will conduct periodic hearings to monitor and adjust the treatment plan of the defendant, and will impose sanctions for violations. The Special Master will retain autonomy to refer defendants back to the Judge with recommendation for adjustment to the sentence or removal from the program. In carrying out these duties, the Special Master will rely on consideration with the DA, probation office (PO), and VJO.

Prior to each periodic hearing held by the Special Master (SM), the SM will lead a meeting of the DA, PD (or private defense counsel), PO, and VJO to consult on each case appearing that day, as well as applicable policy and procedure issues.

#### COURT COORDINATOR

The Court Coordinator works in close consultation with the judge. The coordinator reviews all referrals to the court for initial eligibility and coordinates the assessment process. The Coordinator coordinates all information for new referrals to present to the court team and gathers relevant information for the weekly meetings of the team.

#### DISTRICT ATTORNEY

In Veterans Treatment Court all parties share the common goal of helping participants be successful in treatment and in avoiding future criminal recidivism. The prosecutor reviews all new cases concerning eligibility. The eligibility assessment includes a review of the defendant's criminal history; consultation with victims, legal eligibility and appropriate dispositions upon the defendant's entry into Veterans Treatment Court.

As part of the collaborative team, the prosecutor monitors participant progress and can make recommendations regarding sanctions and incentives. If a participant is re-arrested, the prosecutor investigates the new criminal charges and assesses the appropriateness of continued participation in Veterans Treatment Court.

## PUBLIC DEFENDER/DEFENSE COUNSEL

The Public Defender/Defense Counsel represents and advises the defendant in all court proceedings and is mindful of the defendant's constitutional rights as a criminal defendant and the defendant's civil rights. The Public Defender/Defense Counsel seeks to find treatment solutions for the defendant that minimize the defendant's

exposure to incarceration, reduce the risk of re-arrest or new charges, and mitigate the consequence of a criminal conviction.

#### ADULT PROBATION

A specialized Probation Officer(s) oversees those participants in Veterans Treatment Court. The Probation Officer works closely with defendants and provides updates to the team regarding compliance with terms and conditions of probation/supervision. The Probation Officer focuses on community involvement, including meeting with defendants in the field, interacting with community-based organizations, overseeing restitution, and networking with treatment providers.

## U.S. VETERANS AFFAIRS (VA)

A representative from the VA - the local Veterans Justice Officer (VJO) - participates in the Veterans Treatment Court proceedings, serves as the linkage to the VA and VA services, and insures the provision of recommended treatment services. The VJO's role is to monitor the services Veterans Treatment Court participants are receiving, to identify additional individual supports as needed, and to identify potential gaps in the service system that need to be addressed. It is anticipated that veterans will access the full range of services available through the VA via this single point of service — the VJO.

#### COUNTY VETERANS AFFAIRS

A representative from the County Veterans Affairs Dept. will manage the mentoring component of Veterans Treatment Court. A list of available mentors will be maintained by County Veterans Affairs.

#### CORRECTIONAL FACILITY

A representative of the correctional facility participates to assist the team in the diversion of defendants from the facility to a more appropriate placement in the most effective and efficient manner possible. The representative, ideally a forensic caseworker, acts as a liaison between the correctional facility and the Veterans Treatment Court Team. In this role, s/he provides relevant information regarding the conduct of the defendant and treatment information. S/he meets with the defendant as needed. As a team member, their role is to participate in the discussion of the best approach to management of the defendant 'while in the facility, to expedite release when possible and to reduce recidivism.

### TERMS OF PARTICIPATION

The Veterans Treatment Court Team will meet weekly to review the status of participants scheduled for court that day and any other participants who are having difficulty in the program.

At the time of acceptance into the Veterans Treatment Court, all necessary consent forms for waivers of confidentiality will be signed to allow all team members to communicate freely with each other and with the Veterans Treatment Court participant. The VJO will obtain this release of information. The complete coordination of information is critical to the success of the Veterans Treatment Court participant.

The process of Veterans Treatment Court is envisioned as consisting of three phases of engagement. The intensity of these phases is developed based on the idea that greater engagement in the early stages of recovery and participation in the court will increase motivation to stick to the agreed upon plan. These phases are also designed to focus more on positive rewards and strengths than on sanctions, though these will be delivered as necessary. While movement through the phases will be individualized, the average length of participation in the court will be 12-24 months.

Veterans Treatment Court - through the County Dept. of Veterans Affairs - will match a veteran defendant with a volunteer mentor from the community, all of whom are also veterans. The concept of the veteran mentoring component is to re-engage the veteran defendant with a positive sense of veteran identity; as well to offer practical advise and services in addition to what the veteran receives in the context of his or her treatment plan. A mentor will be assigned to each veteran upon admission into Veterans Treatment Court.

The general structure of the phases is:

## PHASE I

The following are standards for Phase I compliance:

- Appearance in Veterans Court every other week or as ordered;
- A minimum of weekly contact with Probation Officer;
- Follow through with treatment goals developed in partnership including attending appointments, taking medication, attending recovery support meetings, community service, etc.;
- Comply with urine drug screens as requested;
- In addition, because of the critical role community participation plays in recovery, it is expected that the veteran will be consistently increasing his/her activity in the community through participation in volunteer activities, employment, education, and/or other training opportunities.
   Specific "community service" may be directed by the Court.

Veterans will be permitted to move to Phase II when they have consistently demonstrated the following:

- Attend all appointments with the Court, Probation Officer, VJO, etc.;
- Cooperate, as needed, with volunteer mentor;
- Demonstrate commitment to and follow through with goal plans:
- Stability in housing;

- Stability in financial management;
- Remain drug/alcohol free: relapses are not necessarily cause for return to previous phase. Each will be considered individually.

The Court Team will make the recommendation and decision for advancement.

#### PHASE II

The following are standards for Phase II compliance:

- Attend Veterans Treatment Court every other week;
- Meet with their Probation Officer and/or VJO as directed (they will still be required to attend regularly, however, less frequently than in Phase I);
- Attend all appointments with appropriate treatment agencies;
- Continue to actively carry out their Veterans Treatment Court plan and recovery plans (developed with treatment provider);
- Demonstrate ongoing stability with regards to housing and financial management;
- Demonstrate continued abstinence from drugs/alcohol;
- Demonstrate consistent payment of all applicable restitution.

Movement to Phase III happens when the veteran has consistently demonstrated clear signs of stability in the following areas:

- Attending all appointments with the Court, Probation Officer, VJO, etc.;
- Continued cooperation with volunteer mentor;
- Following through with Veterans Treatment Court goal plan and recovery plan developed with provider including medication;
- Stability in housing;
- Stability in financial management;
- Remaining drug/alcohol free;

#### PHASE III

Veterans will be required to meet the following standards for Phase HI compliance:

- Attend Veterans Treatment Court once per month;
- Meet with their Probation Officer and/or VJO at least once per month;
- Attend all appointments with appropriate treatment agencies;
- Follow through with Veterans Treatment Court goal plan and recovery plan;
- Demonstrate ongoing stability with regard to housing and financial management;
- Demonstrate continued abstinence from drugs/alcohol;
- Pay all applicable restitution in full.

## PROGRAM COMPLETION

Any participant that successfully completes all three phases of Veterans Treatment Court will be recognized during a short graduation ceremony. The Veterans Treatment Court Team will make the determination when all program requirements have been satisfied.

Participants completing Veterans Treatment Court may have the court consider dismissing or reducing their charges. The determination of these factors will be based on a case-by-case assessment of prior record and nature of the offense(s) by the judge.

## THE ROLE OF INCENTIVES AND SANCTIONS

Throughout participation in Veterans Treatment Court, incentives and sanctions will be used to support follow through with agreed upon goals and plans. These incentives and sanctions will be individualized according to the defendant's plans, but may include the following:

#### **INCENTIVES**

- Positive verbal feedback
- Certificates of completion at set intervals
- Symbols of accomplishments
- Decrease in number of required appearances in court

## **SANCTIONS**

- Increased appearances in court
- Increased participation in treatment activities
- Increased reporting to Probation Officer or VJO
- Community Service
- Brief incarceration
- · Termination from the program

The team will decide on the particular incentive or sanction that is used. It is understood that while the incentives are clearly positive motivators, the sanction chosen should also serve to increase the defendant's likelihood of success in the program. For example, while increased attendance at treatment or reporting to the Probation Officer or VJO is listed as a sanction, this can be seen as a way of increasing the support the defendant needs to allow them to succeed.

# VOLUNTAJRY AND INVOLUNTARY DISCHARGE FROM VETERANS TREATMENT COURT

Veterans Treatment Court is a voluntary program. The decision to discharge a court participant either voluntarily or involuntarily is the judge's to make after consultation with the entire team.

## DIVERSION AND RECOVERY CASE DISCHARGE

Voluntary Discharge: a court participant is free to request a voluntary discharge from the program at any time. However, Diversion cases are then relisted for sentencing. Recovery case court participants are then sentenced on their outstanding charge of probation, parole, and/or intermediate punishment violation and may be incarcerated.

Involuntary Discharge: a court participant may also be discharged involuntarily for violation of program rules and regulations and/or for new criminal charge(s). In the event of an involuntary discharge, Diversion cases are then relisted for sentencing. Recovery case court participants are then sentenced on their outstanding charge of probation, parole, and/or intermediate punishment violation and may be incarcerated.

THE COURT RETAINS ABSOLUTE AUTONOMY TO DECREASE OR EXTEND THE TERM OF THE PROGRAM BASED UPON THE CIRCUMSTANCES OF EACH CASE,

## FORM A

# DELAWARE COUNTY VETERANS COURT APPLICATION AND REFERRAL FORM

I am making an application/referral to the following Veterans Treatment Court

| DEFENDANT INFORMATION Docket Number                                      |          | DATE Inmate Number   |                  |
|--|----------|--|------------------|
| REFERRAL SOURCE  |          |  |                  |
| Request Date: ————————————————————————————————————                       |          | Social Security Number: ———————————————————————————————————— |                  |
| Current Location:  Permanent (last known) address:  Sex: Male     Female |          | State: Zip Code:   |                  |
| Probation Officer:   | Prison:  | Judge:   | Other:           |
| Phone #:   | Phone #: | Phone #:   | Agency: Phone #: |
| EMAIL:   | EMAIL:   | EMAIL:   | EMAIL:           |
|  |          |  |                  |
|  |          |  |                  |

IS COMPETENCY AN ISSUE L YES

NO

## ISSUES SURROUNDING REQUEST

| 188028 8011118011    | 211,4 112         | ·                  |   |             |
|----------------------|-------------------|--------------------|---|-------------|
| Drugs                | Alcohol           | Mental             | Sexual  | Abuse       |
|                      |                   | Health             | Issues  |             |
|                      |                   |                    |   |             |
|                      | Anger             | Housing            |   |             |
| Reasons              |                   |                    |   |             |
| Briefly Explain Issu | es Checked Above  | :                  |   |             |
| History of Traur     | na? 🛘 YES 🗖 N     | O If yes, explain: |   |             |
|                      |                   |                    |   |             |
| In a mental heal     | th crisis?   VF   | S D NO If was a    | explain:  | <del></del> |
| in a mentar near     | itti cirsis: a re | o a non yes, e     | Apiaiii.  |             |
|                      |                   |                    |   |             |
| EMERGENCY CONT       | ACT INFORMATIO    | ON Name:           |   |             |
| A 1.1                |                   |                    |   |             |
|                      |                   |                    | _   |             |
| Phone: Home:         |                   |                    |   | Seg         |
| Cell                 |                   |                    |   |             |
| Who else resides in  | the households    |                    |   |             |
|                      | RELATIONSHIP      | CRIMINAL RECOI     | RD +1- INFL   | HENCE       |
| Will                 | KELITTONSIII      | CRIMINAL RECOI     | (b) (1- http://doi.org/10.1111.1111.1111.1111.1111.1111.1111. | OLIVEL      |
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|                      |                   |                    |   |             |

| Are you a Veterar<br>If yes, what were your |   |                 |            |
|---|---|-----------------|------------|
| What Branch of the m                        | nilitary did you serve?                 |                 |            |
| Where did you serve                         | ?                                       |                 |            |
| What was your rank?_                        |   |                 |            |
| What was your militar                       | y discharge?                            |                 |            |
| Did you serve in c                          | ombat? 🗆 YES 🗅 NO                       |                 |            |
| Highest level of educa ☐ 11th Grade or b    | tion completed:<br>elow □ High School G | rad 🗆 College G | rad        |
| Do you have a valid di                      | river's license:                        | S 🗆 NO          |            |
| 320   | ense Number                             |                 |            |
| Ę   |   |                 |            |
| Occupation of Employ                        | /ee:                                    |                 |            |
| EMPLOYER                                    | ADDRESS                                 | PHONE#          | SUPERVISOR |
| Г   |   |                 |            |
|   |   |                 |            |
|   |   |                 |            |
|   |   |                 |            |
| Marital Status:                             |   |                 |            |
|   |   |                 |            |
| Are you presently invo                      | lved in a relationship?                 | YES INO         |            |
| If YES, with whom _                         |   | Date of Birth   |            |
|   |   |                 |            |
| 11441035                                    |   |                 |            |
| Are they in recovery?                       | ☐ YES ☐ NO                              |                 |            |

| How many children do you ha   | ve?    |  |            |                 |
|---|--------|--|------------|-----------------|
| NAME  | AGE    | OTHER PAR                              | ENT'S NAME | ADDRESS         |
|   |        |  |            |                 |
|   |        |  |            |                 |
|   |        |  | <u> </u>   |                 |
| Do you have an AXIS I Di  | agno   | sis: 🗆 YES                             | ⊐ NO       |                 |
| If yes, complete the following  |        | DUVO                                   | IOI A NI   |                 |
| AXIS I DIAGNOSIS:   |        |  |            |                 |
| Current Medications:  |        | ŢŢ                                     |            | 1               |
| MEDICATION  |        | DOSAGE                                 | PRE        | SCRIBING DOCTOR |
|   |        |  |            |                 |
|   |        |  |            |                 |
|   |        |  |            |                 |
|   |        |  |            |                 |
| CASE MANAGER  |        |  |            |                 |
| NAME:   |        |  |            |                 |
| AGENCY:   |        |  |            |                 |
| ADDRESS:  |        |  |            | <del>.</del>    |
| PHONE #:  |        |  |            |                 |
| Please attach f possible) any c<br>Evaluations), Medical Report, C<br>comments. |        |  |            |                 |
| What is the name of your Heal   | th Ins | urance Compa                           | any:       |                 |
| Insurance Policy Number:  |        | ###################################### |            |                 |

| Where have you attended  |   |  |                              |                                  |
|--|---|--|------------------------------|----------------------------------|
| AGENCY   | ADDRESS   |  | NCY ADDRESS THERAPIST/DOCTOR |                                  |
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|  |   |  |                              |                                  |
|  |   |  |                              |                                  |
|  |   |  |                              |                                  |
| Substance Abuse:   |   |  |                              |                                  |
| SUBSTANCE  | FREQUENCY   | AGE WHEN I                               | BEGAN US                     | E LAST USE                       |
|  |   |  |                              |                                  |
|  |   |  |                              |                                  |
|  |   |  |                              |                                  |
|  |   |  |                              |                                  |
|  |   |  |                              |                                  |
| regardless of whether the not guilty or whether the recourt records on any oc Are you presently on p  If yes, where and who is you | record has been "seale<br>casion other than the<br>robation or parole;<br>our probation officer a | ed" expunged or his arrest: UY) UYES UNO | otherwise str<br>ES □ NO     |                                  |
| State/County:  |   |  |                              |                                  |
| P.O. Name:   |   |  |                              |                                  |
| Judge:   |   |  |                              |                                  |
| Are you presently on bail<br>of Delaware County, wh  | •   |  |                              | -                                |
|  | ====<br>*********************************   |  |                              |                                  |
|  |   |  |                              |                                  |

| Where do you think you would be in life (care if you had never had a substance abuse or men   |  |
|---|--|
|   |  |
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| <del></del>   |  |
|   |  |
| •   |  |
| What do you think has lead to your most received Any traumatic life events?   | nt involvement in the criminal justice system? |
|   |  |
|   |  |
| Why are you applying for a Treatment Court?   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| By signing, I have read or had read to me the Vacknowledge that I will commit my time and change if accepted. I have been truthful, to thanswers in this application. |  |
| Signature:  | Date:  |
| Fyou have any questions as to the program you are procedure manual on our web page. If you need fur program coordinator:  |  |
| Veterans Court Coordinator  |  |
| Mary Ellen Hoffman  |  |
| (610)891-4782   |  |

#### Form B

## Agreement to Participate in Veteran's Treatment Court Delaware County PA

| Participant: |  |
|--------------|--|
|              |  |

I have worked with the probation officer, Veteran's Justice Outreach Specialist (VJO), and others to make a plan for living in the community. This plan is what lets me be part of the Delaware County Veteran's Treatment Court (VTG). I know that if I don't follow my plan which I said I would do, the Judge may decide I need to go to jail, be discharged from the program, or do other activities to make up for not following my plan.

- 1. I will see my Probation Officer as often as I am required to. Sometimes they might come to my house and/or employment and sometimes I might have to go to their office. If I have a problem that keeps me from making an appointment I will call, before my appointment, and tell them why.
- 2. I must comply with all local, state, and federal criminal laws. I will notify my officer immediately if I am arrested by or if I am cooperating with any law enforcement agency. I will not enter into any agreement to act as a confidential informant for any law enforcement agency without written permission from my officer. I will abide by the rules and conditions imposed by the Delaware County Adult Probation and Parole Department. Furthermore, I will conduct myself in a manner that I will not create a danger to the community or myself.
- 3. I will live at my approved residence. I will notify my officer for approval before anyone is allowed to live with me or move into my residence. Before I change my address I will notify my probation officer.
- 4. My daily travel is limited to the adjoining counties. Any travel beyond those counties, out of state, or overnight travel must be approved 72 business hours prior to the event. A travel permit must be obtained from my officer prior to my departure. Travel outside of the United States will require written approval from the visiting country's consulate, and fines, costs, and restitution must be paid in full.
- 5. I will come to court as often as the judge asks me to.
- 6. I know that VJO and/or designated agency/person is going to connect me with help in the community. I will meet with them as often as they ask me to and make all appointments they set up for me.

- 7. I will follow through with obtaining new benefits or getting my benefits back. If I need help, I will ask for it from my probation officer and/or VJO and/or designated agency/person staff.
- 8. I will go to and participate in my approved treatment agency(s) and work with them. I know that getting help for my substance abuse, mental illness, and other issues is important to my recovery and I agree to follow the plans we make together. This includes going for therapy and/or meeting with my VJO and/or designated agency/person; taking my medicine as directed; signing confidential releases; seeing my psychiatrist with my recovery coach present; comply with treatment plan; and if things aren't working even going to the hospital. My psychiatric medication is to be prescribed only by my psychiatrist.
- 9. I will answer all questions and go for any meetings that I need to so that I can get a mentor. I will cooperate with them on my plans and if there is a problem with the mentor I will talk to my probation officer about it so I can get help working it through.

| Initials | _    |  |  |
|----------|------|--|--|
| Client:  | A PO |  |  |

- 10. I will not drink alcohol or use drugs as long as I am in the court program. I know that my Probation Officer or my community helpers may ask me to give a urine and/or breath test at any time. I will not go to bars, taverns, and businesses that mainly serve alcoholic drinks. I will call in daily to the color coded system to see if I must report for urine and/or breathe test(s).
- 11. I will request that my prescription medication be non-narcotic and non-addictive and notify my officer and treatment team prior to consuming and/or using any prescribed medication or any over the counter medication. If my physician requires me to take any prescribed narcotic, pain, and/or potentially addictive medication, I may have to obtain a doctor's note describing my need for such treatment. I will not take anyone else's prescribed medication. I will not consume diet pills. I will not use and/or possess any other mood altering or hallucinogenic substance. I will notify my officer and treatment team if my medication(s) are changed or added to.
- 12.1 will see my medical doctor when I am supposed to and do what he/she tells me to in order to take care of my body.
- 13.1 will not own, use, and/or possess any type of lookalike firearm, lethal weapon, explosives, and/or ammunition. Hunting is prohibited.
- 14. If I am employed, I will notify my officer of the name, address, and phone number of my employer. I will notify my officer within 72 hours if I change my employment.
- 15. When I am in the courtroom, I will dress appropriately, I will have performed proper hygiene before attending court, I will not talk during court proceedings, I will not bring food or drink into the courtroom, I will stay until the Judge dismisses me, I will not use profanity, and I will be on time.
- 16. I will be supervised by the Veteran's Treatment Court Program UNTIL FURTHER ORDERED BY THE COURT.

| place of residence, or vel  |   |   | ne authority to search my person, as reasonable suspicion.   |
|---|---|---|--|
| 18. Other Special Condition   | ns of the program:  |   |  |
| St  |   |   |  |
| <del></del>   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |   |  |
| Pennsylvania. I know that I many state where I may be fou acknowledge that I agree to mot resist or fight any effort by I MAY HAVE TO EXTRADITION | nay have a constitut<br>and. This is common<br>return to Pennsylvar<br>y any state to return<br>N. I WAIVE THIS RIG | ional right to insis<br>aly called the right<br>nia when ordered<br>me to Pennsylvan<br>HT FREELY, VOLU | any time I may be directed to return to that Pennsylvania extradite me from to extradition. I also understand and to do so. Therefore, I agree that I will and I AGREETO WAIVE ANY RIGHT UNTARILY AND INTELLIGENTLY. |
|   | d that I fully underst<br>1, in any manner, vic   | and them and agr  | ree to follow them. I fully understand   |
| Signature of Particip   | oant —  | Date  |  |
| Signature of Presiding Ju   | udge  | Date  |  |
| Signature of Court Coordi   | inator  | Date  |  |

## FORM C

## DELAWARE COUNTY VETERANS TREATMENT COURT GRADUATION REQUIREMENTS

I understand the following requirements are necessary for my successful completion of Veterans Treatment Court:

- I. DRUG AND ALCOHOL TESTS: For the last six months of Veterans Treatment Court, I will submit only negative test results.
- 2. TREATMENT: I will be successfully engaged in treatment and have created goals with my treatment team.
- 3. MEANINGFUL ACTIVITY: I will be involved in a productive activity (i.e. employment, education, volunteering, connecting with family/significant others) for at least the last three months of Veterans Treatment Court.
- 4. HOUSING: For the last three months of Veterans Treatment Court, I will reside at an approved residence.
- 5. FINANCIAL OBLIGATION: I will pay in full all financial obligations as directed by the court.
- 6. NEW CONVICTIONS: I will not incur any new convictions while in Veterans Treatment Court.
- 7. SPECIAL CONDITIONS: I will complete any and all special conditions ordered by Veterans Treatment Court.

I understand and agree that failing to complete the above requirements will delay my graduation and may lead to termination from Veterans Treatment Court.

| Adult Probation Witness | Signature of Participant |
|-------------------------|--------------------------|
| Date                    | Date                     |