

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

STATE OF IDAHO,)	
)	
Plaintiff,)	County: _____
)	Case No.: _____
-vs.-)	
)	APPLICATION TO PARTICIPATE
_____)	IN THE VETERANS TREATMENT
)	COURT PROGRAM
Full Legal Name (Printed))	
)	<input type="checkbox"/> Adult Felony
Defendant.)	<input type="checkbox"/> Misdemeanor application
_____)	

Except as otherwise provided, a Veterans Treatment Court Application shall not be made until after entry of a guilty plea on new charges or after entry of admissions on a probation violation. Or if after retained jurisdiction upon entry of the Order of Probation with veterans treatment court as a term and condition. **An Application for Veterans Treatment Court shall be made at the time the defendant's case is set for Sentencing and/or Disposition on a Probation Violation so as not to delay the date set for Sentencing or Disposition.**¹

I hereby apply for admission into the Fifth Judicial District Veterans Treatment Court program. I have read the Fifth District Veterans Treatment Court Handbook and Contract. I acknowledge that, as part of the application process:

- a. My prior criminal record, if any, will be reviewed to determine whether I am eligible to participate in the Veterans Treatment Court program.
- b. I may be required to complete an alcohol/drug screening by an approved treatment provider.
- c. I will be required to complete an eligibility evaluation by the Veterans Legal Outreach Coordinator and the Veterans Court Coordinator.
- d. My application, my prior record, my military service record, the results of any and all assessments and/or screenings will be reviewed by a Veterans Treatment Court team. Admission into the Veterans Treatment Court program will be at the sole discretion of the Veterans Treatment Court team.

If accepted into the Veterans Treatment Court program, I agree to comply with the following conditions of admission:

¹ A sentencing judge may Order a Veterans Treatment Court application at the time of sentencing, disposition on a probation violation or at a Rider Review hearing where the sentencing judge has placed a defendant on probation with Veterans Treatment Court as a term and condition of probation without prior application to Veterans Treatment Court for eligibility determination.

1. I have reviewed all requirements contained in the Fifth District Veterans Treatment Court Handbook and the Veterans Treatment Court Contract with my attorney and I understand them. My attorney is aware of the Veterans Treatment Court requirements as well.
2. I will sign a probation agreement with the State of Idaho Department of Probation and Parole and/or Magistrate Probation and fully comply with all requirements of probation.
3. I will authorize release of all treatment information to the Veterans Treatment Court team, which may include, but not be limited to the Veterans Treatment Court judge, a representative of probation and parole, the Department of Veterans Affairs, and other Veterans Treatment Court team members and treatment providers. This information may be used by the Veterans Treatment Court team to determine my level of participation in and compliance with the Veterans Treatment Court program, to modify my release conditions and/or to decide to terminate my participation in the program. The information may also be used to modify or terminate probation.
4. I will appear in court for all scheduled hearings.
5. I understand, in the event of non-compliance to the requirements of Veterans Treatment Court, the court may take action on a weekly basis, including applying sanctions, whether my attorney is present or not. In the event my attorney is absent, the court shall continue as normally scheduled. I am thus waiving my due process rights in this matter and specifically authorizing the court to discuss my case with those present at staffing or in court, with or without my attorney. By signing below, my attorney and I each agree to allow the court to apply sanctions as the court may deem appropriate without my attorney being present and without an evidentiary hearing. I understand if I am unsuccessfully discharged from the program, a probation violation report shall be submitted to the court. Thereafter, I will be afforded all rights pertinent to a felony or misdemeanor probation violation proceeding under applicable laws.

I understand that any failure on my part to comply with Veterans Treatment Court program requirements may result in the modification or revocation of my probation, including the imposition of sentence.

Defendant Signature

Defense Attorney Signature

Date

Date

The Veterans Treatment Court Application and Contract shall be e-filed in the defendant's case(s). The judge's clerk shall transmit the referral by email or fax to the veterans treatment court coordinator and counsel of record.

Defendants Name: _____

Case Number(s): _____

FIFTH JUDICIAL DISTRICT VETERANS TREATMENT COURT CONTRACT

(Effective October 26, 2022)

I, _____, as a condition to my acceptance into Veterans Treatment Court hereby agree to accept and abide by the following terms and conditions for Veterans Treatment Court and hereby acknowledge that any waiver of my constitutional or statutory rights is voluntary, knowing, and intelligent and was reviewed and discussed with my attorney. I further understand that before I can be formally accepted into Veterans Treatment Court that I must have: (1) entered a plea of guilty to a qualifying felony offense and (2) a qualifying Mental Health Evaluation. I therefore agree as follows:

1. ATTENDANCE. I shall report in person on the dates and times specified for all court dates; treatment groups; community support meetings; drug or alcohol testing; and any other dates and times specified by the Veterans Treatment Court team or the Veterans Treatment Court Coordinator. I will not leave or attempt to leave the state or my assigned district in an effort to abscond or flee supervision. I will be available for supervision as instructed by Veterans Treatment Court and will not actively avoid supervision. _____

2. MEDICATIONS. I understand that psychiatric treatment including medication management will be provided by the Veterans Treatment Court provider only. I will take psychiatric medications as prescribed and will comply with all treatment and medication recommendations. I will discuss any medication side effects with my provider. I understand that seeking or receiving psychiatric care from other sources will be subject to sanction up to and including termination. _____

3. MEDICATION MANAGEMENT. I will provide a list of all physicians and pharmacies used for non-psychiatric treatment. I understand that the use of additional doctors or pharmacies without prior approval will result in sanction by the court. I agree to inform my treating physician that I am dependent or addicted to narcotics and /or illegal drugs and/or alcohol and will request that my physician prescribe to me non-narcotic medications if medically reasonable. _____

4. CONDUCT. I will not make threats towards other participants or staff or behave in a violent manner. I understand that violent, threatening, provoking, discriminatory, or inappropriate sexual behavior will not be tolerated and may result in a sanction or termination from the Veterans Treatment Court program. _____

5. CONTROLLED SUBSTANCES / ALCOHOL I shall not purchase, possess, or consume any ethyl alcohol, illegal drugs, designer synthetic drugs, prescription drugs without a valid prescription, drug paraphernalia or mood altering chemicals or substances. Any prescription or over-the-counter medication use must be immediately reported to the Veterans Treatment Court team for review. Abuse of or failure to report prescriptions or over the counter medications will result in a sanction. _____

6. TESTING. I agree to attend and participate in all required drug and /or alcohol testing as directed by the Veterans Treatment Court team. I understand that if my test sample is insufficient or dilute that my test sample may be deemed a positive test. If the results of the test indicate an adulterant has been used to interfere with the results, that test will be deemed to have been positive. Participants must provide a urine specimen within 60 minutes of the request or within the time allotted by any drug testing agency. _____

7. CONFIDENTIALITY. I agree to maintain the confidentiality of participants and of information disclosed in treatment. If a Veterans Treatment Court Participant breaks confidentiality, the circumstances involved will be carefully examined by the Veterans Treatment Court Staff and possible Court Sanctions may be applied which may include Termination from the Veterans Treatment Court Program. _____

8. CURFEW. I agree to comply with and obey any curfew that may be imposed by the Veterans Treatment Court Staff. _____

9. RESIDENCE. I will reside in a location approved by Veterans Treatment Court. Any change of my residence must first be approved by the Veterans Treatment Court team. I will notify my probation officer and the Veterans Treatment Court Coordinator of any involuntary move from my residence within 24 hours. _____

10. LAWS AND COOPERATION. I shall respect and obey all laws and shall comply with any lawful request of Veterans Treatment Court or any law enforcement officer or agent of the Department of Probation & Parole. I understand that if I should receive new criminal charges during my participation in Veterans Treatment Court for an offense that occurred before or after my acceptance into Veterans Treatment Court that such an occurrence could result in my termination from Veterans Treatment Court. I will notify the Veterans Treatment Court Coordinator and my Probation Officer of any law enforcement contact within 24 hours. _____

11. TRANSPORTATION. I understand that it is my responsibility to provide transportation for myself to attend treatment; court appearances and any other requirements of Veterans Treatment Court. Further I will not operate a motor vehicle without a valid license, registration, insurance (and interlock device if applicable). _____

12. ASSOCIATIONS. I will not associate with anyone who is committing a law violation; who is on probation or parole; or who is a convicted felon without first obtaining permission from the Veterans Treatment Court team. Participants are required to provide a list of all associates (first and last names) to the Veterans Treatment Court Probation Officer for approval. I will also not associate with any group or individual as ordered by Veterans Treatment Court. _____

13. TRAVEL. I shall not leave this State or the Fifth Judicial District without first obtaining written permission from Veterans Treatment Court. _____

14. EMPLOYMENT / EDUCATION. I shall seek and maintain gainful, verifiable, full-time employment (if applicable within the limits of a documented disability), be enrolled as a fulltime

student or participating in such programs as approved by Veterans Treatment Court. I understand that a change of employment or education shall not occur without prior written permission of Veterans Treatment Court. _____

15. SEARCH AND SEIZURE. I agree and consent to the search and/or seizure of my person, automobile, residence, real property, and any other property (including electrical devices), at any time, and at any place, by any law enforcement officer, peace officer, or probation officer and hereby knowingly, intelligently and voluntarily waive my rights under the Fourth Amendment and the Idaho constitution concerning searches. _____

16. WEAPONS / CONTRABAND. Upon a felony conviction, I understand and agree that I shall not purchase, carry, own or have in my possession or control any firearm, ammunition, explosives, archery equipment, projectiles or weapons of any type. I will not reside at any location where firearms are present. I will not possess or control any law enforcement or surveillance equipment, including but not limited to, scanners, video surveillance, handcuffs or handcuff keys. _____

17. COURT COSTS. I shall pay any and all Veterans Treatment Court Fees as directed by the Veterans Treatment Court Judge. I understand that graduation from Veterans Treatment Court is conditioned on the payment of all Veterans Treatment Court fees, court fines and restitution. The Veterans Treatment Court Judge may waive Veterans Treatment Court fees at the court's discretion. _____

18. BUDGET. Participants are required to maintain an accurate working budget and to follow the financial advice and/or directions of the Veterans Treatment Court team. Participants are expected to submit their budget to the Veterans Treatment Court team for review upon request and for each change in phase. Any expenditure in excess of \$200.00 must be preapproved by the Veterans Treatment Court Coordinator or Probation Officer. _____

19. PROBATION. Compliance with all terms and conditions of probation listed in your Judgment of Conviction and / or Probation Order is a requirement of Veterans Treatment Court. _____

20. HONESTY. Participants shall be truthful in all communications with the Veterans Treatment Court team. I shall not cheat, tell any lie, or exaggerate or minimize my statements, conduct or actions in anyway. I understand that a key component of my recovery is honesty, responsibility and accountability for my conduct, behavior and actions. _____

21. EVALUATION AND PROGRAM PLAN. I shall meaningfully participate in and successfully complete any treatment, counseling or other programs deemed beneficial and as directed by the Veterans Treatment Court program. _____

22. CLIENT CONSENT TO EX PARTE COMMUNICATION. As a participant in the Fifth Judicial District Veterans Treatment Court, I have been informed that under ordinary circumstances, a prosecuting attorney is not permitted to communicate with me about my case without the consent of my lawyer or an order from a court. I have also been informed that my

defense attorney is not permitted to communicate with a judge without the prosecuting attorney being present. However, because of the nature of the Fifth Judicial District Veterans Treatment Court and the Veterans Treatment Court team's frequent need to make decisions regarding my participation, I consent to and authorize the State's attorneys to communicate with me without my lawyer being present during my participation in the Fifth Judicial District Veterans Treatment Court program. I also consent to and authorize my lawyer to communicate ex parte with the judge regarding my participation in the Fifth Judicial District Veterans Treatment Court program. _____

23. ADDITIONAL RULES. I understand that additional requirements may be imposed upon me. All additional rules will be explained to the participant and/or provided in writing. Additional rules may include but are not limited to No Contact Orders, Community Service, Work Detail, Written Reports, Payment Agreements, Reporting, Jail, etc. I further understand that I could be expelled from Veterans Treatment Court if I breach any express term or condition of this contract or if in the opinion of the Veterans Treatment Court staff I am not satisfactorily progressing through the Veterans Treatment Court program, the treatment phases or if I am not doing what is expected of me. _____

I have read, or have had them read to me, the above agreement. I understand and accept these conditions of supervision. I agree to abide by and conform to them and understand that my failure to do so may result in my termination from the Veterans Treatment Court Program.

Defendant's Signature

Date

Defense Attorney Signature

Date