

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

STATE OF IDAHO,)	
)	
Plaintiff,)	County: _____
)	Case No. CR- _____
-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
_____)	

I hereby apply for admission into the Fifth Judicial District Veterans Treatment Court program. I have read the Fifth District Veterans Treatment Court Handbook. 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. I have reviewed all requirements contained in the Fifth District Veterans Treatment Court Handbook with my attorney and I understand them. My attorney is aware of the requirements of the handbook 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 involuntarily 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.

DATED this ____ day of _____, 2017.

Attorney for Defendant

Defendant's Signature

Attorney Printed name

Birthdate

Social Security Number

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 Defense Counsel will check the appropriate application status (adult felony or misdemeanor, on the application).

The Veterans Treatment Court Application shall be presented to the defendant's sentencing judge and shall be filed by the judge's clerk. The judge's clerk shall transmit the referral by email or fax to the Veterans Treatment court coordinator and counsel of record.

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.

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____, I did send a true and correct copy of the foregoing **APPLICATION TO PARTICIPATE IN THE VETERANS TREATMENT COURT PROGRAM** upon the parties listed below by fax or email, by causing the same to be placed in the respective courthouse mailbox; or by causing the same to be hand-delivered.

Prosecuting Attorney
Veterans Treatment Court Coordinator

By _____
Deputy Clerk