

BALDWIN COUNTY VETERANS COURT



Application

COMPLETE & BRING TO COURT
WITH DD214



Baldwin County Veterans Court



Orientation & Application Packet

This packet contains information to assist you during your participation in the Veterans Court Program. You are responsible for knowing and maintaining this information and these forms.

The Baldwin County Veterans Court Program is only for men and women who are currently serving or who have previously served in the Armed Forces of the United States. This includes service in the Army, Navy, Air Force, Marines, Coast Guard, National Guard and Reserve. The Veterans Court is a court-supervised program coupled with intensive treatment and supervision for criminal offenders. The Veterans Court is designed specifically for persons who have criminal charges, and those charges likely relate to substance abuse or mental health issues.

The Baldwin County Veterans Court program was developed to help you achieve total abstinence from drugs and/or alcohol, help you overcome mental health issues, be diverted from prison/jail and to have a more productive, healthy, law-abiding life. The Veterans Court is designed to reduce re-arrests, promote self-sufficiency through employment and education and to assist you with remaining in the community as a productive and responsible member of society. Entry into the Veterans Court program is voluntary on your part. You must want to participate in this program. The judge, court staff, case workers, treatment counselors and other team members will guide and assist you; but the final responsibility is yours. You must be motivated to make these changes and commit to a totally drug free life.

The program involves drug and alcohol treatment, random drug testing, support group meetings, vocational or job counseling, educational classes and community supervision. It also involves working jointly with the court, community supervision, treatment, Veterans Health Administration, Veterans Benefit Administration, veterans' employment representatives, veterans' service organizations, case workers and other key team members who are all dedicated to your recovery. The program term is 18-24 months, depending on your progress. You will not be sent to prison or back to jail if you comply with the conditions of the program and graduate. Our team will be working with you towards successful completion of the program, but the choice and effort to become drug and alcohol free and not commit new crimes comes from you. It is important that you understand the long-term commitment involved in this program. You will become involved with community support group meetings, attend substance abuse treatment, participate in mental health treatment, if indicated, be subject to strict community supervision, submit to random drug testing and make regular appearances in court. This program is a privilege not a right. It is a voluntary program which includes regular court appearances before the designated Veterans Court Judge. The program requires participation for a term of 18-24 months' participation. The term will be determined by compliance and the success of the individual participant. **BE ON TIME!** Court starts promptly every other Tuesday at 1:30 p.m. at the Foley Satellite Courthouse. You may arrive as early as 1:00 p.m. to meet with your attorney or with the Veterans Court Mentors. There is also a volunteer to assist with employment/career issues.



Baldwin County Veterans Court



FREQUENT CONTACTS

<p>COLOR CODE: REPORT TO Baldwin Court Services (CRO): 251-580-1666 104 Hand Ave Bay Minette, Alabama 36507</p> <p>21985 Hibbing Road Robertsdale, Alabama 36567</p>	<p>TO CALL FOR COLOR: 251-937-0368 251-972-8561 251-990-4669</p>
<p align="center">** YOU MUST CALL EVERYDAY INCLUDING SATURDAYS **</p>	

VET COURT TEAM MEMBERS

PRESIDING JUDGE MICHELLE THOMASON, 251-972-8573
(Mailing address: 201 East Section Street; Foley, AL 36535)

BCVC Coordinator, Lori Phillips: 251-972/8573X3; lori.phillips@alacourt.gov

Veterans Justice Outreach; Kelly Estle: kelly.estle@va.gov; 228-999-8689

Vet Center Therapists: Christina Russo: christina.russo@va.gov; 251-219-8616 (C) 251-478-5906 (O)

Community Corrections, Jessica Steele: jessica.steele@baldwincountyal.gov; 251-487-0204

Comm. Resources/Service Missions, Roberta Speh: Roberta.bevtc@gmail.com; 251-223-0308

Assistant District Attorney, John Oxford: joxford@baldwincountyal.gov; 251-937-0274

Court Appointed Attorney, Adam Gober: adam@adamgoberlaw.com; 251-753-7544

OTHER TEAM MEMBERS:

Mentor Coordinator: Alex Correa, 713-806-0471

Mentor Co-Coordinator: Tom Burkett, 251-504-4125

Senior Peer Support Specialist, Veterans Recovery Resources: Lloyd M. Austin, 251-405-3677

Equine Therapy: Kari Whatley, 251-680-0783

Mindful Yoga: Catherine Teal, 251-377-8940

**VETERANS CRISIS LINE: 988 (Press 1) **



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DRESS CODE

When standing before the Veterans Court Judge, stand at parade rest.

When reporting for Veterans Court or for any Veterans Court appointments, you should be dressed accordingly. The following are a few simple guidelines to use when deciding if something is appropriate to wear to court. If you should have any questions, please speak to a member of the Veterans Court team and they will provide you further instruction.

- Shirt or blouse, pants, dress, or skirt of reasonable length
- Shoes must be worn at all times. No flip flops.
- No caps/hats are to be worn
- No shorts, sleeveless tops, mini-skirts or skorts
- No torn blue jeans
- No nose, brow or tongue rings
- Skirts should not be shorter than 5 inches above the knee
- Shirts should appropriately fit. This means that the chest, back, and/or stomach are not to be exposed or easily seen by others
- Sunglasses should not be worn inside the courthouse or the treatment facility unless prescribed
- Pants should not ride so low that undergarments are exposed
- No gang colors, or gang related and/or violence promoting clothing is to be worn
- No clothing or jewelry bearing drug or alcohol related themes or advertising alcohol or drug use

Please maintain appropriate hygiene. Be sensitive to the other individuals present in the courtroom. Should these guidelines be violated you may be asked to cover the inappropriate article and/or be dismissed from court. Continued violations will be dealt with on an individual basis and cause you to be sanctioned.



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Application

Date _____

Full Name: Last: _____ First: _____ MI _____

Nickname/Name you like to be called: _____

Race: _____ Gender: _____ Date of Birth: _____

Do you have access to your DD-214? () Yes - *PLEASE ATTACH MEMBER 4 COPY* () No

Branch of Service: _____

Rank: _____

Term of Service: Entered: ___/___/___ Last Discharge ___/___/___

Where you deployed in a combat zone? Where? _____

Military Job Assignment: _____

Discharge Status: _____

Name of Attorney: _____

Case Numbers (if you have them): _____

Charges: _____

Physical Residence Address: _____

City, State, Zip _____

All Telephone Number(s), including cell _____

Email Address: _____

Mailing Address (if different): _____

City, State, Zip: _____



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Are you a full-time student OR on disability? () Yes () No

Where are you employed or attending school? If you are on disability what is your level of disability and is it service related?

If employed, name of employer: _____

Work Address: _____

City, State, Zip: _____

Work Telephone: _____

Local Relative (other than spouse): _____

Address: _____

City, State, Zip: _____ Telephone: _____

I am: () married () divorced () never married () widowed

Spouse's Name (if married): _____

Spouse's Address (if different): _____

City, State, Zip: _____

Spouse's Telephone: _____

Spouse's Employment: _____

Spouse's Work Telephone: _____



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Children's names, ages,
and where they reside:

List all past criminal convictions,
date of conviction, and location
of conviction.

Are you currently on PROBATION
or PAROLE from any past convictions? yes no

If on probation/parole, name of jurisdiction,
name and telephone # of probation officer: _____

Do you currently have pending charges
in this or any other jurisdiction? yes no

If yes, where? _____

Do you have reliable transportation? yes no

Do you have a Driver's License? yes no

DL No. _____



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Do you have health insurance? yes no

If yes, name of insurance provider: _____

Do you have a medical or mental health diagnosis (to include PTSD, TBI, anxiety, depression, etc.) _____

Do you believe your diagnosis is service related? yes no

Have you received any services at a VA center, clinic or hospital for this diagnosis? yes no

Do you believe you have a Substance or alcohol abuse problem? yes no

If yes, what is your drug of choice? _____

Do you believe you need treatment for substance abuse or addiction? yes no

What talents or skills do you have? _____

What is the last grade of school completed? _____

Why are you applying for Veterans Court? _____

Anything else we need to know: _____



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DEFENDANT’S ADMISSION OF GUILT

DO NOT COMPLETE THIS PAGE UNTIL TOLD TO DO SO

I, _____ (your name), hereby voluntarily and in the presence of my attorney _____ (attorney’s name), state the following facts concerning my arrest for _____ on _____ (date of offense):

[Multiple blank lines for writing the defendant's statement]

I have read the above statement and verify that it is a true and accurate representation of fact, this _____ day of _____, 20____. I verify that I have not in any manner altered the truthful account of the facts surrounding my case in order to receive the privilege of participating in the Deferred Prosecution Program. I further verify that I enter this Admission of Guilt voluntarily, and that I have not been coerced or threatened into doing so. I understand that in the event I am rejected for the Deferred Prosecution Program that this Admission of Guilt will not be used against me in the further disposition of this matter, whether by plea, trial, or otherwise. However, I also understand that in the event I am admitted to the Deferred Prosecution Program and am subsequently terminated from that Program for non-compliance, this Admission of Guilt will be used against me in subsequent proceedings regarding this matter, including its admission at any trial regarding this matter.

Defendant’s Signature

Date



Baldwin County Veterans Court



Rules & Requirements for Graduation

In order to graduate from the Baldwin County Veterans Court, I will abide by all of the following Rules and Requirements. I further understand that failure to comply with any such Rule or Requirement will result in a sanction, which may include termination from the Veterans Court Program and imposition of a jail or prison sentence.

Initials

Rule

_____ I will attend every Court session as ordered, on time. I understand that I am responsible for making sure that I have a reliable method of getting to Court each week.

_____ I will report to the BCVC Coordinator as directed by the Court.

_____ I will comply with all terms of my Treatment Plan, and I understand that it may be changed as needed during my participation in the Program. I understand the extent and seriousness of my drug use may be assessed at different times during my participation in the Program and that I may be referred to intensive outpatient treatment, inpatient substance abuse treatment, or other treatment programs deemed appropriate for me and that, if I am referred to such a program, I will be required to successfully complete the program before I can complete the Veterans Court Program. I understand that I may be required to pay some or all of the costs of any treatment program to which I am referred.

_____ I understand that I am responsible for calling the Color Code System every day including Saturdays and Sundays at 251-937-0368 (Bay Minette), 2515-972-8561 (Foley) or 251-990-4669 (Fairhope). I understand that a missed drug screen, abnormally diluted drug screen, or a refusal to submit to a drug screen will be treated as a positive drug screen by Veterans Court and that I will be sanctioned by the Court. I also understand that if I miss a drug screen, I should appear in Court the very next court session, even if it is not my assigned week.

_____ I will obtain and keep full-time employment or be enrolled as a full-time student unless specifically excused from this requirement by the Court.

_____ I will not use or possess any mind-altering substance, including alcohol, during my participation in the Veterans Court Program. I understand I will be sanctioned for any use of mind-altering substances, including alcohol, during my participation in the Veterans Court Program. **NO SYNTHETICS!**



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_____ I will not consume any prescription medication without first obtaining a prescription from my doctor **and** having my doctor sign an Acknowledgement that I am participating in Veterans Court **and** presenting the Acknowledgement to the BCVC Coordinator, **and** receiving permission from the Veterans Court Coordinator to take the medication. I understand that I am responsible for obtaining my doctor's signature and any other necessary information (including diagnosis) on the Acknowledgement form, that I may obtain these forms from the Baldwin County Court Referral Office, **and that I am responsible for having such a form with me at all times in case I am required to seek immediate medical treatment.**

_____ I will not consume any non-prescription medication without first notifying and obtaining the consent of my Veterans Court Coordinator. Non-prescription medication includes, but is not limited to, diet pills, ephedra, cough medicine, cold medicine, and substances intended to boost energy, including "stackers." I understand that consuming any non-prescription medication whatsoever without the prior notification to and consent of the Veterans Court Coordinator, will cause me to be sanctioned by the Court.

_____ It is my responsibility to take the provided medical form with me and have the medical personnel complete the form at that time. This must be done on every visit to the Doctor, Dentist, Therapist, ER, etc.

_____ I will call the BCVC Coordinator immediately upon leaving the Doctor/Medical facility to inform them of the doctor's visit and the medications given.

_____ I will bring the original completed medical form to the BCVC Coordinator within 2 business days. (i.e., if you go to the doctor on Saturday, you must have med form turned into the BCVC Coordinator by Tuesday of the next week)

_____ I understand I should take medications only as prescribed and that I should not take old medications that do not have current prescriptions.

_____ If I am prescribed a temporary narcotic, then it is my responsibility to take my prescription bottle in with me to test so that pills can be counted to ensure compliance. Follow this procedure until the medication is completed.

_____ I understand that if I am taking an ongoing narcotic (i.e. amphetamine for ADHD), then I must turn in a NEW med form EVERY time your medication is re-prescribed.

_____ If Ordered by the Court, I may be required to obtain a Driver's License if I do not currently possess one and I otherwise qualify.

_____ If Ordered by the Court, I may be required to obtain a high-school diploma or GED Certificate.

_____ I may not possess or use firearms during my participation in Veterans Court.

_____ I understand that any drug use within six months of my anticipated Veterans Court graduation date may result in an extension of the time required to



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graduate from Veterans Court or expulsion from the Program. I understand that I will not graduate from Veterans Court unless I have been drug free for a minimum of six months.

_____ I understand that I am responsible for keeping the BCVC Coordinator informed at all times of my address, employment, and telephone number. I understand that if the Veterans Court is unable to contact me because of inaccurate or outdated contact information, I will be sanctioned by the Court.

_____ I understand that I may not be anywhere near anyone using, possessing, selling, manufacturing, or otherwise handling any illegal substance.

_____ I must report to the Veterans Court Coordinator any contact with law enforcement, including any arrest, traffic violation, search, or questioning. I must report such contact within one business day of such contact.

_____ I understand that I will be sanctioned for violation of any of these Rules & Requirements. I understand that my case will be treated individually and that any sanctions I receive may be more or less severe than sanctions given to other Participants who violate the same or similar rules.

_____ I understand that I may be required to pay for all drug screens I must take during my participation in the Veterans Court Program. I understand that if I do not admit and my test is positive after confirmation, I will have to pay extra for that confirmation test.

_____ I understand that I am required to pay all court fees, drug testing fees and court costs before I will be allowed to graduate from the Veterans Court Program. I understand that I will not be promoted to a higher Phase unless I have first entered into a written pay plan with the BCVC Coordinator and abided by that pay plan and that I may not be allowed to travel out of town overnight until a portion of my fees are paid. Additionally, I understand that my fees may be raised to cover the cost of additional drug screens if my participation in the Program is longer than my originally anticipated graduation date.

_____ I will comply with all other Court orders and requirements of the Court, the Veterans Court Coordinator, and Treatment Provider not specifically set forth in these Rules & Requirements.

_____ I understand that while I am incarcerated at the Baldwin County Jail, I may be searched for contraband by law enforcement. Said search may include a body cavity search by an officer of my same gender.

Applicant/Participant's Signature

Date



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MY COMMITMENT TO THE TEAM

I commit to reach out to the different members of my team as often as necessary:

- to listen to me,*
- to suggest resources and discuss my options,*
- to offer guidance,*
- to transport or attend appointments with me as needed,*
- to encourage me along the way,*
- to not give up on me if I falter,*
- to acknowledge my successes.*

I agree that I am responsible for follow through on all requirements of the court, including contacting VA and community resources to request information, make appointments, attend or cancel if necessary.

I will not ask any member of my team to handle what I can and should do for myself.

I agree to reach out for help if I start to feel overwhelmed or if I am reaching a crisis situation. I understand that asking for help is a healthy response to my stress, not a failure or weakness on my part.

Signature of Veteran: _____ Date: _____

Team Member and Contact Information

BCVC Coordinator, Lori Phillips: 251-972/8573, Ext 3; lori.phillips@alacourt.gov

Veterans Justice Outreach; Kelly Estle: kelly.estle@va.gov; 228-999-8689

Vet Center Therapists: Christina Russo: christina.russo@va.gov; 251-219-8616 (C), 251-478-5906 (O)

Community Corrections, Jessica Steele: jessica.steele@baldwincountyal.gov; 251-487-0204

Comm. Resources/Service Missions, Robert Speh: Roberta.bcvtc@gmail.com; 251-223-0308

Assistant District Attorney, John Oxford: joxford@baldwincountyal.gov; 251-937-0274

Court Appointed Attorney, Adam Gober: adam@adamgoberlaw.com; 251-753-7544

OR MY PRIVATE ATTORNEY: _____

My Mentor _____



Baldwin County Veterans Court



Substance Abuse Treatment _____

Mental Health Treatment _____

Community Resources _____

Ann Shirley/Career Guidance ann121854@aol.com

Family _____

Friends



Baldwin County Veterans Court



PERMISSION TO CONDUCT SEARCH AND TO SEIZE CERTAIN PROPERTY

I, _____, do hereby give my consent to any police officer, Sheriff, Deputy Sheriff, State Trooper, any agent or employee of the Baldwin County District Attorney’s Office, or any agent or employee of the Baldwin County Veterans Court Program to enter any premises under my control or to detain me or any vehicle under my control for the purpose of searching my person or the premises or vehicle under my control. I understand that the search may be performed at any time of the day or night for the purposes of searching for and seizing any controlled substances, paraphernalia, or any other evidence relative to the possession, distribution, manufacture or use of any controlled substance. I also understand that if any evidence is found, it will be used against me if it is evidence of a criminal offense, or if it is evidence that I have violated the conditions of my participation in the Baldwin County Veterans Court Program.

By my signature below, I affirm that I grant said consent for so long as I am participating in the Baldwin County Veterans Court Program.

Signature of Applicant/Participant

Date

Witness

Date



Baldwin County Veterans Court



PERMISSION, RELEASES AND WAIVERS:

I, _____, do hereby give my consent for the following:

_____(initials) for the Baldwin County Veterans Court to read or use my written essays **anonymously** for the purpose of bringing awareness to the others and the community about the positive good in the program.

_____(initials) for the release of my information from the VA to the Baldwin County Veterans Court team. (Attached VA release must be signed).

_____(initials) for the release of my information from Altapointe to the Baldwin County Veterans Court team. (Attached VA release must be signed).

_____(initials) for my identity to be disclosed to the general public for the purpose of bringing awareness to the others and the community about the positive good in the program.

_____(initials) for my image (photograph, video) to be disclosed **anonymously** to the general public for the purpose of bringing awareness to the others and the community about the positive good in the program.

By my signature below, I affirm that I grant said consent for so long as I am participating in the Baldwin County Veterans Court Program.

Signature of Applicant/Participant

Date



Baldwin County Veterans Court



OMB Number: 2900-0260
Estimated Burden: 2 minutes

Department of Veterans Affairs		REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. 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 the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. 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 systems of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>			
ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.			
TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility) VA Gulf Coast Veterans Health Care 1504 Springhill Ave. Mobile AL 36604		PATIENT NAME (Last, First, Middle Initial) _____ SOCIAL SECURITY NUMBER _____	
NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED			
The Veterans Court Judge, Staff and Attorneys; Guest of Veterans Court Vet Center therapists, Altapointe.			
VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s): <input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA			
INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each) <input type="checkbox"/> COPY OF HOSPITAL SUMMARY <input type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTE(S) <input checked="" type="checkbox"/> OTHER (Specify)			
All medical records and health information, past and future, related to court-directed treatment.			
PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED			
To provide the Veteran Court with a current status of the Veteran's treatment which will require records created after the signature of this authorization and to provide training to the guests of the Veterans Court.			
NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM			
AUTHORIZATION: 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 the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s): _____			
I understand that the VA health care practitioner'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.			
DATE (mm/dd/yyyy)	SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g. POA)		
_____	_____		
FOR VA USE ONLY			
IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)		TYPE AND EXTENT OF MATERIAL RELEASED	
_____		_____	
DATE RELEASED		RELEASED BY	
_____		_____	



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NOTICE TO PATIENTS PURSUANT TO 42 C.F.R. § 2.22

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

- 1.) The patient consents in writing;
- 2.) The disclosure is allowed by a Court Order; or
- 3.) The disclosure is made to medical personnel in a medical emergency or to a qualified person for research, audit or program evaluation.

Violation of federal law and regulations by a program 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 a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.



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CONSENT TO DISCLOSURE PURSUANT TO 42 C.F.R. § 2.22

I, _____, have read or had explained to me the Notice to Patients Pursuant to 42 C.F.R. § 2.22 regarding the disclosure of my substance abuse treatment information and hereby consent to the release of the approved substance abuse treatment information between the following individuals and/or entities:

The Baldwin County Veterans Court (including all Veterans Court team members); my retained or appointed defense counsel; the Baldwin County Community Corrections Facility; the Baldwin County Court Referral Office and any outpatient or inpatient substance abuse treatment program or facility to which I may be referred or in which I may participate during my participation in the Baldwin County Veterans Court Program.

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the Baldwin County Veterans Court monitoring criteria.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Baldwin County Veterans Court Program for the above-referenced case(s), such as the discontinuation of all court supervision upon my successful completion of the Baldwin County Veterans Court Program requirements OR upon my discharge from the program or the imposition of my sentence following my termination from the Baldwin County Veterans Court Program for failure to comply with Program requirements.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with official duties.

Signature of Applicant/Participant

Date



Baldwin County Veterans Court



Drug Testing Form

Participant Name: _____

Social Security _____

BCVC Coordinator: Lori Phillips – lori.phillips@alacourt.gov

Your Initial Color is: Camo

Listed below are the instructions you will follow for the Baldwin County CRO Color Code System. Through Cooperating with this program, you can help yourself by proving to the criminal justice system that you are drug free.

1. You will be assigned a color and that color may change while you are in the program.
2. You shall call the following number **EVERY DAY beginning tomorrow and including Saturday and Sunday: 251-937-0368 (Bay Minette), 251-972-8561 (Foley) or 251-990-4669 (Fairhope).**
3. A recording will give you the colors of the day. If your color comes up, you will report to the CRO Office **THAT DAY** to leave a urine sample. **REMEMBER, WHEN YOUR COLOR COMES UP, YOU MUST REPORT TO THE CRO THAT DAY.** CRO office locations are in Bay Minette, Fairhope, Foley and Robertsdale.
4. Urine specimens are collected from 8:00 a.m. to 4:30 p.m. except Saturday and Sunday when the hours of operation are 8:00 a.m. to 12:00 p.m. All urine collections are **observed**. A missed test or a **diluted test** is considered a **failed** test!
5. If you live outside Baldwin County, you must have your drug screen done at a facility that meets the requirements of the Baldwin County Court Referral Office. This must be approved in advance. You can get information about where to test from RAINA MACKS.
6. When you come in for a urinalysis, you will be required to pay \$10.
7. If you test positive AND DO NOT ADMIT, your sample will be sent off to an independent lab. You will pay \$30 for that confirmation if the test comes back positive and you did not admit to use. BE HONEST AND ADMIT! You will save yourself a lot of headache and a worse sanction!

The Color Code System is designed to help you by:

- Making it necessary to give up your habit entirely since the system is random and you will never know when your color is coming up.
- Helping us feel confident in providing a positive report of your progress to the Court.

Signature

Date



Baldwin County Veterans Court



Drug Screening Protocol

As a condition of my admission into any Program of the Baldwin County Veterans Court, I understand and agree to all of the following Drug Screening Protocols and Procedures:

1. Drug Screening shall be conducted only on urine samples provided by me. I will not be allowed to have drug screening conducted by blood sample, hair follicle, or other screening method;
2. I will be drug screened at least 8-12 times per month throughout the program;
3. While my application is pending, I will only be allowed to provide urine samples at the Baldwin County Court Referral Office;
4. Following my formal admission to the Program, I may be allowed to test at alternative locations, but will only be allowed to do so at the discretion of the BCVC Coordinator and only at testing facilities approved by the Baldwin County Veterans Court Coordinator as complying with standards of the Baldwin County Veterans Court Program. The privilege of testing at locations other than the Baldwin County Court Referral Office Lab may be withdrawn at any time at the discretion of the Court or the BCVC Coordinator, and will be suspended, at least temporarily, following any sanction I receive;
5. I understand that initial testing of my urine samples will be conducted by the Baldwin County Court Referral Office Lab. Any positive drug screen result (a result that indicates I have used a prohibited substance or a result that indicates an abnormally diluted urine sample) must be “confirmed” before I may be sanctioned or punished for such result. A positive drug screen may be confirmed in two ways. I will first be given an opportunity to admit or deny use of the substance indicated by the initial drug screen result, or to accept or challenge an initial indication of an abnormally diluted urine sample. If I admit use of the indicated substance or accept the initial indication of abnormal dilution, I understand I will be sanctioned or punished for such result. If I deny use of the indicated substance or challenge the initial indication of an abnormally diluted urine sample, I will not be sanctioned or punished until my urine sample is sent for confirmation testing by Gas Chromatography/Mass Spectrometry (GC/MS) or, in the event the initial screen indicates use of alcohol, confirmation testing by Liquid Chromatography/Mass Spectrometry/Mass Spectrometry (LC/MS/MS). If GC/MS or LC/MS/MS testing also indicates use of a prohibited substance or a diluted urine sample, my positive screen will be deemed confirmed and I will be sanctioned or punished for such result. **I understand that a sanction following a GC/MS or LC/MS/MS confirmation will be more severe than a sanction following a confirmation by my admission and acceptance of responsibility.** In the event I request a GC/MS or LC/MS/MS confirmation of any drug screen result, I will be responsible for payment of the confirmation testing if the initial results are confirmed by GC/MS or LC/MS/MS;



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6. I agree that all drug screen results, whether initial screen results from the Baldwin County Court Referral Office Lab or confirmation results from labs conducting GC/MS or LC/MS/MS confirmation, will be provided to the court in writing, and that all supporting chain of custody information will likewise be provided to the court in writing. As a condition of my admission into the Program, I expressly and specifically waive any requirement for personal appearance by, or testimony of, any person or entity involved directly or indirectly in the transportation, storage, maintenance, handling, or testing of any urine screen;

7. If allowed to leave a urine sample at any lab facility other than the Baldwin County Court Referral Office Lab, I understand that testing of such urine sample will be conducted by the alternative lab facility. I agree that the court will accept the results provided by such alternative lab facility and that such alternative lab facility may not have the ability to maintain or store my initially positive urine sample for confirmation screening by GC/MS or LC/MS/MS. In that event, I am bound by the results provided by the alternative lab facility and any positive drug screen results or abnormally diluted urine sample will be deemed confirmed;

8. In the event I provide a urine sample at Baldwin County Court Referral Office Lab that I believe may be abnormally diluted, I will have the opportunity to leave a second urine sample, provided: (a) I do not leave the lab between providing the first and second sample; and (b) I leave the second sample no more than 60 minutes after the first sample; and (c) the second sample is provided prior to closing of the lab.

9. I may not ask any lab personnel about the results of any drug testing on any of my urine samples, nor seek advice regarding providing second urine samples under the circumstances set forth in Paragraph 8;

10. I must leave a sufficient volume of urine for both initial drug screening and, if necessary, confirmation GC/MS or LC/MS/MS drug screening. The minimum volume required for such testing will be determined by the Baldwin County Community Corrections Lab. If I do not leave a sufficient volume of urine for either initial drug screening or confirmation GC/MS or LC/MS/MS drug screening, my urine sample will be deemed to be positive and I will be sanctioned for such result;

11. I understand the Baldwin County Court Referral Office Lab is open from 8:30 a.m. to 4:30 p.m. every day except Saturday and Sunday when the hours of operation are 8:00 a.m. to 12:00 p.m. and that I am not allowed to test outside of those hours without the **prior written authorization** of the BCVC Coordinator. I understand that lab personnel are specifically prohibited by the Court from accepting urine samples outside of these hours without prior written consent of the BCVC Coordinator.

Signature of Applicant/Participant

Date

Applicant/Participant's Attorney

Date



Baldwin County Veterans Court



Diluted Urine Sample

In urine drug/alcohol screening one of the most important things that must be done is to make sure we receive a valid sample. One way this is done is by checking the sample for dilution by measuring the creatinine level. Creatinine is an amino acid contained in muscle tissue and excreted in the urine at a steady rate. The urine becomes diluted when a person drinks large amounts of fluids, (water, any water based drink, tea, coffee, Gatorade, etc.) or energy drinks or drinks with large amounts of caffeine such as Red Bull, Monster Fuel, 5 Hour Energy, etc. A normal urine sample will have a creatinine level of 20mg/dl or higher, a sample with a value of less than 20mg/dl will be considered diluted. When the urine is diluted, there is a lower concentration of drugs/metabolites and alcohol and testing may not detect them. Because of this, the judicial system considers a diluted sample a positive sample and sanctions may be imposed. Another reason diluted samples are considered positive is because some people will drink large amounts of liquids in an effort to “flush” anything from their system.

Some ways to avoid dilution are: plan the time you are going to leave your sample; and about 2-2 ½ hours prior to leaving the sample, limit your fluid intake to 8 oz. every 40 minutes. Another way is to leave your sample early in the morning; urine is usually more concentrated early in the day, when you leave your sample look at it. If it is light and you think it may be diluted, you can leave another sample, but you must remain at the lab until you leave the next sample.

CRO Lab staff members are not allowed to tell you whether your sample is diluted. Use your own judgment.

By signing below I acknowledge that I have read this document and understand it.

Signature: _____

Date: _____



Baldwin County Veterans Court



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 Court testing program, it has become necessary for us to restrict and/or advise Veterans 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 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.

Cough Syrups and Other Liquid Medications: Veterans Court participants are 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 Court participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol).

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

Food and Other Ingestible Products: Numerous other consumable products contain ethyl alcohol that could result in a positive test 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 flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided.

Mouthwash and Breath Strips: Most mouthwashes (Listerine®, Cepacol®) and other breath cleansing products contain ethyl alcohol. The use of mouthwash containing ethyl alcohol can produce a positive test result. Veterans 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 Court participants is not permitted.

NO CBD products as they are not regulated, and many contain THC. CBD in any form will cause a positive urine test which will result in sanctions.



Baldwin County Veterans Court



Hand Sanitizer: Hand sanitizers (ex: Purell®, Germex®) 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.

Hygiene Products: Aftershaves 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, repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the court requires Veterans 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 the construction industry and at 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 Court participants must educate themselves as to the ingredients in the products they are using. A positive test result will not be excused by reference to use of an alcohol-based solvent

REMEMBER! WHEN IN DOUBT, DO NOT USE, CONSUME, OR APPLY!

I have read and understand my responsibilities:

Participant's Signature

Date



Baldwin County Veterans Court



Medical Form Procedures

Please acknowledge your commitment by placing your initials next to each:

_____ It is my responsibility to take the provided medical form with me and have the medical personnel complete the form at that time. This must be done on every visit to the doctor, dentist, therapist, ER, etc.

_____ I will call the BCVC Coordinator immediately upon leaving the doctor/medical facility to inform them of the doctor visit and the medications given.

_____ I will bring the original completed medical form to the BCVC Coordinator within 2 business days. (i.e. if you go to the doctor on Saturday, you must have med form turned into the BCVC Coordinator by Tuesday of the next week)

_____ I understand I should take medications only as prescribed and that I should not take old medications that are not current.

_____ If I am prescribed a temporary narcotic, then it is my responsibility to take my prescription bottle in for counting of the pills to ensure compliance. Follow this procedure until the medication is completed.

_____ I understand that if I am taking an ongoing narcotic (i.e. amphetamine for ADHD), then I must turn in a NEW med form EVERY time my medication is re-prescribed.

Print Name: _____

Signature: _____

Date: _____



Baldwin County Veterans Court



PRESCRIPTION MEDICATION LIST

I, _____, a Participant in the Baldwin County Veterans Court Program, hereby notify the BCVC Coordinator that I am/have been prescribed the medication listed below and am requesting permission to continue taking such prescription medication during my participation in the Baldwin County Veterans Court Program. I understand that a decision on my request will be provided to me, and that I cannot take such medication until I receive such written permission.

Medication	Diagnosis	Doctor
1		
2		
3		
4		
5		
6		

Participant's Signature

Date

Participant may take medications numbered _____.

Participant may take medications numbered _____ but must terminate all use of such medication () at least _____ months prior to Participant's successful completion of the Program () no later than _____.

Participant may take medications numbered _____ and may remain on such medications throughout participation in the Program.

Participant must comply with all policies and procedures regarding prescription medication and med forms. Failure to comply with such provisions may result in revocation of the authorization to take prescription medication.

Representative, Baldwin County Veterans Court



Baldwin County Veterans Court



Medical Form

Printed Name of Participant: _____

Date: _____

Any Physician, Hospital, or other Medical or Mental Health Care Provider:

I am currently a participant in the Baldwin County Veterans Court Program, in which I am receiving treatment for substance abuse or a mental health issue. I am required to inform all medical care providers of my participation in the Program and request that, to the extent possible, I not be prescribed narcotic or other addictive medications. Before I may accept a prescription from you for any medication, I must have you, as the treating physician, sign below that I have made you aware of my substance abuse treatment.

This form is also consent for release of information

Participant Signature _____

Current Prescription	Dosage	Quantity	Refills	Diagnosis

Treating Physician: _____
Print Name

Treating Physician: _____
Signature

Telephone #: _____



Baldwin County Veterans Court



Prescription Safe-to-Take List

The following prescriptions that have been prescribed to you by a doctor are safe to take without prior authorization. You must contact the BCVC Coordinator the next business day and let them know that you have taken said medicine.

- Amoxicillin (Amoxil)
- Augmentin
- Bactrim
- Cephalexin
- Cipro
- Clindamycin
- Diflucan
- Doxycycline
- Flagyl
- Penicillin
- Steroid Pack
- Zithromax (Z-Pak)

By signing below, I attest that I understand that I am to contact the BCVC Coordinator the next business day.

Print Name: _____

Signature: _____

Date: _____



Baldwin County Veterans Court



Receipt of Participant Handbook

Date _____

Name _____

I, _____, acknowledge the receipt of Baldwin County's Participant Handbook for Veterans Court. By my signature below, I attest that I have been provided with a copy of the Baldwin County Participant Handbook for Veterans Court. Furthermore, I have been made aware of the Veterans Court program rules through my attendance at the Veterans Court orientation.

Signature _____

Signature Date: _____



Baldwin County Veterans Court



**PLEASE PROVIDE THE
“MEMBER 4”
COPY OF YOUR
DD214
TO THE COURT WITH
THIS APPLICATION.**