

**SCREENING APPLICATION
FOR PARTICIPATION IN
PINE COUNTY VETERANS RESTORATIVE JUSTICE PROGRAM**

The Pine County Veterans Restorative Justice Program (VRJP) is an alternative to the traditional civilian court model to handle certain criminal cases in which the Defendant/Applicant is a Veteran of the United States armed services. The VRJP is built upon a unique partnership between the Pine County Attorney's Office, Pine County Probation, the Minnesota Department of Corrections, the Pine County Veterans Services Office, the Department of Veterans Affairs (VA), and local providers.

ALL APPLICANTS MUST COMPLETE AND SUBMIT THIS SCREENING FORM ALONG WITH THE APPLICANT'S DD-214 AND THE ATTACHED AUTHORIZATIONS TO DISCLOSE PRIVATE DATA:

1. Full Name: _____
2. Date of Birth: _____
3. Address: _____
4. Phone: _____
5. Please briefly explain why you want to be involved in Veterans Court:

Approval for participation in VRJP is considered and is based upon:

Eligibility Criteria

- Defendant/Applicant must have served in the United States Armed Services and generally be eligible for VA benefits or alternative treatment services.
- Except in very rare instances, an eligible Defendant/Applicant must be charged with a crime that carries a presumptive probation sentence.
- Defendant/Applicant must enter a plea in district court prior to acceptance into VRJP.
- Admittance into the program is at the discretion of the Pine County Attorney's Office.

Factors for Participation

- Whether the Defendant/Applicant is experiencing treatable behavioral and chemical or mental health issues, i.e., post-traumatic stress disorder, traumatic brain injury, anger management, domestic violence, and/or substance abuse or chemical dependency.
- Whether the defendant is experiencing treatable behavioral and chemical or mental health issues, i.e., post-traumatic stress disorder, traumatic brain injury, anger management, domestic violence, and/or substance abuse or chemical dependency.
- Whether, and the extent to which, the Defendant/Applicant's conduct surrounding or leading to the offense is related to the effects of Defendant/Applicant's military service.
- Whether programming and services available through the Veteran's Administration and the monitoring and mentoring through the VTC will assist in probation supervision.

Assessed at the VA

- All Defendant/Applicants to the VTC MUST contact their local Veterans Justice Outreach Specialist – Marianne Hamrick Cell: 763-760-4411 to be screened for services.
- If a Defendant/Applicant does not have a copy of his or her DD-214, a request may be made at:
 - <https://www.archives.gov/veterans>
 - Contact the Pine County VSO at 320-216-4250.

Data Notice

You are being requested to provide certain data about yourself to the VRJP. Some of this data may be classified as private data under the Minnesota Government Data Practices Act, Protected Health information protected by HIPAA, and treatment records protected by 42 CFR Part 2. Data gathered through telephone contacts or written correspondence with VRJP staff may be shared with court service agencies, law enforcement or criminal justice system agencies, veteran affairs agencies and your authorized representative. You are not required to provide the requested information; however, failure to provide certain information may prevent you from participating in the VRJP.

Release of Information

Each participant in the VRJP must permit medical and alcohol/drug treatment providers to furnish information, including mental health, substance use disorder treatment, relating to the participant's treatment to any member of the Program for the duration

of the Program. Each participant must also consent to release medical, mental health, criminal, employment, and educational records to the Program to determine eligibility for the Program, to determine the proper treatment placements and regiment, and to judge progress in the Program. Each participant must submit the attached forms with the application and update the forms as necessary. Failure to submit the forms will result in rejection from the Program.

Request to Participate

I, _____, hereby request to be screened for participation in the Pine County Veterans Restorative Justice Program (“VRJP”). I understand that to be eligible for consideration I must meet the eligibility criteria and factors for participation and agree to comply with all terms and conditions of the program.

Signed: _____ Dated: _____

Submit form to: Pine County Attorney's Office
635 Northridge Dr. NW, Suite 310
Pine City, MN 55063

**Authorization to Disclose
Claimant/Benefit and Protected Health Information**

The Pine County Veterans Restorative Justice Program (“VRJP”) has made it a condition of my participation in the disposition of my pending criminal matters that I disclose to the criminal justice system information protected by federal laws: 5 U.S.C. §552a, 38 U.S.C. §5701, 45 CFR Parts 160 and 164, and 38 U.S.C. §7332 (drug and alcohol abuse, HIV infection, and sickle cell anemia).

Therefore, I, _____ (print full name), request that the United States Department of Veterans Affairs, Veterans Benefits Administration and Veterans Health Administration disclose my claimant and/or benefit information and protected health information to: **Pine County Veterans Restorative Justice Program (“VRJP”), including the court, prosecutor, defense counsel, probation and all parties sanctioned by and associated with the court or jail in pre or post court proceedings.**

I authorize release of the following protected health information: **Any and/or all claimant and/or benefit information and any and/or all medical and psychological information to include communication in person, by telephone, mail, encrypted email, or fax.**

I certify that this request is made freely, voluntarily and without coercion and that the information on this form 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 understand that the VA may not condition treatment, payment, enrollment, or eligibility for benefits upon my signing of this authorization.

This authorization will expire upon discharge from the Pine County Veterans Restorative Justice Program (“VRJP”). I understand that I may not revoke this authorization before that date. I understand that failure to provide the VRJP with the appropriate authorizations may lead to my removal from the VRJP and the transfer of my pending criminal matters to the regular District Court venue.

Date Print Full

Name

Last Four-SSN

Signature

Address

State of Minnesota,

Court File No. 58-CR-22-_____

Plaintiff,

v.

**CONSENT TO RELEASE
PRIVATE RECORDS AND INFORMATION**

_____,
Defendant.

**CONSENT TO RELEASE PRIVATE HEALTH, ALCOHOL/DRUG, AND
MENTAL HEALTH RECORDS AND INFORMATION**

My name is _____ (print full name). My date of birth is _____.

1. I understand that to be considered for participation in the Pine County Veterans Restorative Justice Program ("VRJP"), I must allow my medical, alcohol/drug treatment, and mental health providers to furnish information relating to my treatment to any member of the VRJP for the duration of my participation in VRJP, and by signing this agreement I agree to the disclosure of records and information.
2. I understand that my treatment records are protected under the federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and 38 U.S.C. §7332, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical and treatment records are protected by federal law and regulations. I also understand that my records concerning mental health services I receive are protected by state law.
3. I understand that I may revoke this authorization at any time by written request, and by doing so I am opting out of the VRJP. **Otherwise, this consent will expire twenty-four months from the date executed.** I further understand that my records may be transmitted by fax and electronically. This document does NOT supersede any similar consent forms that I may sign specifically for the release of Veterans' Administration records or for release of any of my treatment records to

the Veterans' Administration if said consent forms provide that the consent is irrevocable. In those cases, the Veterans' Administration forms shall prevail.

4. I understand that the purpose of releasing this medical, treatment, and mental health information is for the VRJP to determine my eligibility for the program; and once in the program, to determine the proper treatment placements and regimen, and to judge my progress in the program.
5. I understand that my medical and treatment information may be discussed in the VRJP where other participants and observers may receive the records and hear discussions about it.
6. I have read this document, or it has been read to me, and I understand its contents. By signing this Consent, I am telling the Court that I understand the rights I am waiving and agree to do so voluntarily.

DATE _____

Defendant Signature

DATE _____

Defendant's Attorney (if applicable)