

HAMILTON COUNTY VETERANS TREATMENT COURT

APPLICATION

CASE INFORMATION:

DEFENDANT'S NAME: _____ EMAIL: _____

ADDRESS: _____ PHONE NUMBER: _____

DOCKET NUMBER(S) OF PENDING CASES: _____

OFFENSES: _____

ARE YOU CHARGED WITH FELONIES, MISDEMEANORS OR BOTH?

OFFENSE DATES: _____

NEXT COURT DATE:

ATTORNEY'S NAME: _____ EMAIL: _____

ADDRESS: _____ PHONE NUMBER: _____

PART 1: APPLICANT'S PERSONAL DATA SHEET

Personal Information

First Name	Middle Name	Last Name	
Maiden Name	Nickname or Alias	Date of Birth	
Highest Education Completed	Marital Status	Number of Dependents	
Social Security Number	Driver's License Number	DL State	DL Expiration
Race	Place of Birth	Citizenship	

Residential Address

Address	Apt #	City	State	Zip Code
County	How long have you lived at this physical address?		Do you rent or own?	
	Primary Phone Number:		Secondary Contact Phone Number	

Employment Information

Employment Status (Check One)			
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Disabled
<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Contractor	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Self-Employed			

Employer		Position/Title		
Address	Suite #	City	State	Zip Code
Work Phone	Supervisor's Name		Length of Employment	

If you are a student, what school are you attending? _____

If unemployed, when and where were you last employed? _____

PART 2: APPLICANT'S MILITARY AND MEDICAL HISTORY

Military Service Information

Branch of Service (Check one)				
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard

Service Status (Check one)				
<input type="checkbox"/> Active	<input type="checkbox"/> Reserve	<input type="checkbox"/> Guard	<input type="checkbox"/> Discharged	<input type="checkbox"/> Transitioning Out

Type of Discharge? (Check one)					
<input type="checkbox"/> Honorable	<input type="checkbox"/> General Under Honorable	<input type="checkbox"/> Other than Honorable	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable Discharge	<input type="checkbox"/> Dismissal

Rank?	_____	Dates of Service? _____ _____	Deployments? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes dates and locations _____ _____ _____
VA Disability Rating?	_____		
Combat Injury? If yes, injury details	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Details	_____

Medical Information

Have you been diagnosed with (check all that applies)			
_____ TBI	_____ PTSD	_____ Anxiety	_____ Depression
Other service-connected mental health diagnosis?		_____ Yes	_____ No
List:			
Are you currently in or have you ever been through a substance abuse program?			_____ Yes _____ No
Type of Program and dates attended?			
_____ Inpatient	_____ Outpatient	_____ AA	_____ NA
Dates _____	Dates _____	Dates _____	Dates _____
Have you had prior treatment for alcohol or substance abuse or mental health treatment?			
Yes	No		
Are you currently seeing a doctor?		Yes	No, if yes, please list
List Names of Doctor(s)?		Reason for Seeing?	
Are you currently taking medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No, if yes, please list
Name of Medication		Reason for Taking this Medication?	

PART 3: EMAIL APPLICATION TO:

Chuck Alsobrook, Veterans Services Officer: calsobrook@hamiltontn.gov

Nicole Evans, Assistant District Attorney: nicole.evans@hcdatn.org

HAMILTON COUNTY VETERANS TREATMENT COURT
600 MARKET STREET
CHATTANOOGA, TN 37402

PARTICIPANT CONTRACT

1. Participant Contract Conditions:

- a. _____ I will commit no offense against the laws of this State, any other State, or the United States of America.
- b. _____ I agree to report as directed in person to the Veterans Treatment Court, (VTC) and all other service providers.
- c. _____ I agree to never use alcoholic beverages, non-medically prescribed medications or drugs, controlled substances or any substance or chemical capable of or calculated to cause intoxication.
- d. _____ I agree to avoid persons or places of disreputable or harmful character including places where narcotic drugs, marihuana and controlled substances are present, sold or used, and where alcoholic beverages are sold, except for bona fide eating places.
- e. _____ I agree not to associate with person who possess, sell, or use narcotic drugs, marihuana, or controlled substances; and to not associate with person who have been convicted of a felony.
- f. _____ I will report any and all medications prescribed to me by the Court.
- g. _____ I agree to attend all meetings with rehabilitative treatment providers including the Veterans Administration, following all treatment guidelines, rules and instructions, and as required providing verification of my attendance to the VTC Team.
- h. _____ I agree to remain suitably employed as far as possible.
- i. _____ I agree to permit the VTC team members to visit me at my home, place of employment, residence and/or elsewhere and answer any and all questions.
- j. _____ I agree to notify VTC Team within twenty-four (24) hours of any law enforcement contact, or after any questioning or charge violating any law, stating the offense charged and the jurisdiction where the charge is filed.

- k. _____ I agree to notify the VTC Team within twenty-four (24) hours of any change in residence, stating the address of my new residence.
- l. _____ I agree to submit to drug and alcohol evaluation/rehabilitation up to and including inpatient treatment at the direction of the VTC Team, and to participate in such treatment until satisfactorily discharged from the program and pay all costs.
- m. _____ I agree to submit to urine/blood/breath/saliva and/or hair analysis, for the detection of illegal drugs, prescription medications and/or alcohol at the direction of the VTC, paying any required fees.
- n. _____ I understand that my acceptance and entrance into the VTC program based on false information that I provide is grounds for removal.
- o. _____ I understand I may be required to install a SCRAM or Soberlink substance use monitoring device at the start of my VTC program for a probationary period based on treatment evaluation and/or the nature of my offense as determined by the VTC Team.
- p. _____ I agree to participate in any rehabilitative programs as directed by the VTC team and/or Community Supervision Officer paying all costs for the program until satisfactory completed providing verification of completion to the team.

2. Acknowledgment and Understanding:

- a. I acknowledge that I have read and understand my responsibilities/conditions and listed duties.
- b. I voluntarily agree to abide by each and every condition in this contract and all program rules as outlined in the VTC Agreement of Participation.
- c. I understand my participation in the VTC Program is voluntary and I may remove myself from the program at any time without cause. I understand if I do not successfully complete the VTC Program or comply with the conditions of this agreement, the VTC may modify my treatment program or a hearing may be scheduled which may result in termination from the program resulting in a new sentencing hearing.
- d. After reviewing this contract, I voluntarily request entry into the VTC Program. I understand that entry into the program requires I plead guilty to my criminal offense.

Hamilton County Veterans Treatment Court
600 Market Street
Chattanooga, TN 37402

PARTICIPATION AGREEMENT

Participant: _____ DOB: _____ Cause: _____

If accepted for enrollment into the Hamilton County Veterans Treatment Court (VTC) program, I hereby agree to the following stipulations:

1. **Honesty:** I agree to be honest with the VTC Team, and I understand that information I disclose about the offense I am charged with committing and/or information about my mental health and/or my alcohol and drug use will not be used against me in future prosecutions or punishment hearings. I also understand that my acceptance into VTC based on false information that I provide is grounds for my immediate removal from the program.
2. **Strategic Action Plan:** I will attend, participate in, and complete all treatment and counseling ordered by the Judge as a condition of my bond, to include but not limited to detoxification, residential treatment, inpatient treatment, outpatient treatment aftercare and relapse prevention treatment, counseling, support group attendance, cognitive behavioral classes, and any supplementary treatment, counseling or education considered essential to attaining goals listed on my action plan. I understand that depending upon my income, I may be responsible for some or all treatment costs.
3. **Abstinence from Alcohol and Drugs:** I agree that I will not possess and/or use alcohol and illegal drugs. I will use prescription medication only as prescribed for me by a physician. I further agree to inform any treating physician or dentist of my substance abuse dependency, and that I should not take any narcotic or addictive medications or drugs and should request non-narcotic alternatives. Furthermore, if a treating physician determines that narcotic or addictive medications or drugs are necessary, I must disclose this to my treatment provider(s) and VTC Team Court. The VTC Team will determine my continued program participation. Before taking medication of any kind, I will check with pharmacist to ensure that it is non-narcotic, non-addictive and contain no alcohol. I will list any and all over the counter and prescription medication names to my treatment provider and probation officer prior to submitting to any drug or alcohol screens. I further agree to submit to frequent and random testing for the presence of alcohol and drugs as directed by the Judge, and to pay any required fees for testing.
4. **Disputing positive screening test results:** I understand that I may dispute positive test results, but that I will be responsible for payment in advance for the drug testing confirmation costs. If positive drug use is confirmed, the sanction will be more stringent than if I had been honest about having used alcohol or drugs.

5. **Commit No New Offenses:** I will not violate laws, and understand that any violation or arrest must be reported to the Judge within forty-eight (48) hours. I understand that an arrest or citation for a criminal offense that occurs during the course of the program will be considered a violation of program rules, and that the Court need not await disposition of new criminal offenses before implementing sanctions on the case already pending in Veterans Court.
6. **Make All Scheduled Appearances:** I will appear or report as scheduled to Veterans Court proceedings, hearings, treatment, counseling sessions and meeting with case manager(s). I will arrange for my own transportation and understand that lack of transportation is not an excuse for missing any scheduled event.
7. **Maintain Employment and/or Education:** I will maintain appropriate full time employment or full time status as a student, or will attend any education or job training programs to which I am referred. I will report any change in status to the judge within forty-eight (48) hours.
8. **Housing:** I will maintain stable housing considered appropriate by the Veterans Court Team for my recovery.
9. **Payment of Fees:** I agree to pay all Court ordered financial obligations.
10. **Field Visits:** I understand that Veterans Court case manager(s) and/or other Veterans Court personnel may conduct field visits to my residence, place of employment and other areas I may inhabit or frequent. I understand that as a program participant I may be subject to periodic home visits by court personnel which may be either announced ahead of time or unannounced. For the purpose of home visits, I agree to waive any Fourth Amendment Search or Seizure claims, and I agree to cooperate fully with court personnel in the event that a home visit is conducted. I understand that failure to fully cooperate with a home visit will be considered a violation of program rules and will make me subject to potential sanctions.
11. **Appropriate Behavior:** I agree to respect the opinions and feelings of other program participants and understand that verbal or physical threats or abuse will not be tolerated.
12. **Cellular Telephone or Pagers:** I agree to make sure that all cell phones and pagers are turned off while in court, treatment, counseling, and meetings.
13. **Dress Code:** I understand and agree to dress appropriately for court and for any meetings required while in the Veterans Court program.

14. **Disclosure of Program Information for Review:** I understand that, for the purposes of data collection or review of this program, some otherwise confidential information may be disclosed to third parties. Statistical information will not include my name, address or personal identifying information.
15. **Confidentiality of Veterans Court:** I understand that my enrollment in the Veterans Court Program will be a matter of public record, and that the Veterans Court proceedings are open to the public, and the rules of confidentiality do not apply there. I understand that the Veterans Court Team and other treatment providers will make reports to the Judge concerning my progress in treatment. I have signed a release of information to facilitate this exchange of information. I agree to release information and permit communication with outside agencies to assist in fulfilling my requirements of the program. I will not disclose information regarding any other Veterans Court participants and agree to maintain their confidentiality.
16. **Travel:** I understand that I must notify court coordinators of my county/counties of residence and work upon entering the program. When traveling within Tennessee during the course of the program I will notify court personnel in advance of my travel plans, including the county/counties that I intend to be visiting. Before leaving the state or the country I understand that I am expected to notify court coordinators and my attorney, and that explicit permission of the Court is required before leaving the state. I understand that the Court must be informed of my destination, the length, and the purpose of my trip before engaging in interstate or international travel.
17. **Statute of Limitations/Speedy Trial:** I understand that by entering the Veterans Court program I am waiving any future claims regarding speedy trial or statute of limitations issues on the case or cases under which I am being accepted into the court. I understand that I will not be permitted to raise objections pertaining to timeliness or speedy trial on cases which have remained pending pursuant to admission in the Veterans Court program.
18. **Sanctions:** I understand that I must abide by the conditions ordered by the Judge of the Veterans Court including my individual treatment plan. Failure to comply may result in sanctions including, but not limited to, admonishment, verbal report, written reports, increased drug/alcohol testing, increased treatment requirements, jail time or involuntary termination from the program.

Participant's signature

Date

Judge's Signature

Date

Hamilton County Veterans Treatment Court
600 Market Street
Chattanooga, TN 38402

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO DEPARTMENT OF DEFENSE
TREATMENT PROVIDERS**

1. I, _____ authorize
(Participant Name)

Hamilton County Veterans Treatment Court (VTC) Program staff

on a need to know basis only, to disclose to and consult with: behavioral health, substance abuse and other Department of Defense treatment providers and contractors, the following information for the purpose of verifying the completion of VTC program requirements:

- a. My status in the Veterans Treatment Court
 - b. Known or disclosed history of substance abuse
 - c. My arrest history
 - d. Assessment results relevant to my treatment with these providers
2. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
3. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent **expires automatically** as follows:

Upon completion of, or release from the Veterans Treatment Court

(One year from date below unless otherwise specified)

Date: _____

Signature of Client

VTC Staff Signature

Hamilton County Veterans Treatment Court
600 Market Street
Chattanooga, TN 37402

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO THE TREATMENT COURT TEAM AND PROVIDERS

1. I understand that the Veterans Treatment Court is a treatment court and in accordance with standard practice, information about me will be shared among various members of the treatment court team.
2. Information is shared both by email and verbally, both before and during pre-court staffing. Information shared may include psychological and substance abuse assessments, participation in court-ordered treatment, urinalysis results and other information relevant to my compliance with Veterans Court requirements.
3. The purpose of sharing information is to assist all members of the team in developing a clear and accurate understanding of my treatment and legal needs, as well as my progress toward meeting requirements of the Court.
4. I, _____ authorize _____ Hamilton County Veterans Treatment Court staff _____ to disclose information described above to staff members representing the: Veterans Administration, District Attorney's Office, Probation Office, Pre-trial Services, Public Defender's Office and appropriate community treatment providers.
5. I understand that any records related to substance abuse and treatment are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my signing this written consent unless otherwise provided for in the regulations. I also understand this consent expires automatically ninety (90) days after my discharge from the Veterans Treatment Court program.

Date: _____

Signature of Client

VTC Staff Signature

HAMILTON COUNTY VETERANS TREATMENT COURT
600 MARKET STREET
CHATTANOOGA, TN 37402

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO THE VETERANS
ADMINISTRATION**

1. I, _____ authorize

_____ Hamilton County Veterans Treatment Court Program staff _____

to disclose to: the Veterans Administration the following information:

- a. My status in the Veterans Treatment Court
- b. Known or disclosed history of substance abuse
- c. My arrest history
- d. Assessment results relevant to my treatment with the VA

- 1. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent **expires automatically** as follows:

Upon completion of, or release from the Veterans Treatment Court Program.

(One year from date below unless otherwise specified)

Date: _____

Signature of Client

VTC Staff Signature



REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY 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 the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA 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. VHA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. 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.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Address of VA Health Care Facility)
Central Texas VA Health Care System
1901 Veterans Memorial Dr
Temple, Texas

LAST NAME- FIRST NAME- MIDDLE INITIAL LAST 4 SSN DATE OF BIRTH

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED
Hays County Veterans Treatment Court (712 S Stagecoach Trail, San Marcos, TX, 78666),
all affiliated individuals, agencies, attorneys, and court evaluator

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):

- DRUG ABUSE SICKLE CELL ANEMIA
ALCOHOLISM OR ALCOHOL ABUSE TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)

DESCRIPTION OF INFORMATION REQUESTED

Check applicable box(es) and state the extent or nature of information to be provided:

- HEALTH SUMMARY (Prior 2 Years)
INPATIENT DISCHARGE SUMMARY (Dates):
PROGRESS NOTES:
SPECIFIC CLINICS (Name & Date Range):
SPECIFIC PROVIDERS (Name & Date Range):
DATE RANGE:
OPERATIVE/CLINICAL PROCEDURES (Name & Date):
LAB RESULTS:
SPECIFIC TESTS (Name & Date):
DATE RANGE: all drug tox screens past and future as deemed relevant by the court
RADIOLOGY REPORTS (Name & Date):
LIST OF ACTIVE MEDICATIONS
OTHER (Describe): eligibility for VA services, past/current diagnosis(es), treatment, medications, attendance/participation in therapy/groups, appts, lab/drug screen results

PURPOSE(S) OR NEED

Information is to be used by the individual for:

- TREATMENT BENEFITS LEGAL OTHER (Specify below)

LAST NAME- FIRST NAME- MIDDLE INITIAL		LAST 4 SSN	DATE OF BIRTH
AUTHORIZATION			
<p>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 records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.</p> <p>I understand that the VA health care provider'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.</p>			
EXPIRATION			
Without my express revocation, the authorization will automatically expire.			
<input type="checkbox"/> UPON SATISFACTION OF THE NEED FOR DISCLOSURE <input type="checkbox"/> ON _____ (enter a future date other than date signed by patient) <input checked="" type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): <u>authorization expires upon the discharge of Veteran from the Hays County Veterans Treatment Court or not to exceed 3 years</u>			
PATIENT SIGNATURE (Sign in ink)		DATE (mm/dd/yyyy)	
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)		DATE (mm/dd/yyyy)	
PRINT NAME OF LEGAL REPRESENTATIVE		RELATIONSHIP TO PATIENT	
FOR VA USE ONLY			
TYPE AND EXTENT OF MATERIAL RELEASED			
DATE RELEASED		RELEASED BY:	

Phase 1 Requirements

Name: _____

Staff: _____ Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

___ I will attend court every week at: _____.

___ I will follow my treatment plan.

___ I will comply with supervision and meet weekly with my supervision officer on time. I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.

___ I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.

___ I will submit to random urine analysis testing as determined by the treatment court team.

___ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.

___ I will obtain a medical assessment as directed by my treatment team.

___ I acknowledge my curfew is at 9 p.m.

I have reviewed the requirements for phase 1 and understand my responsibilities to the treatment court program.

Client Signature

Date

Phase 2 Requirements

Name: _____

Staff: _____ Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

___ I will attend court bi-monthly at: _____.

___ I will follow my treatment plan.

___ I will comply with supervision and meet weekly with my supervision officer on time.
I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.

___ I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.

___ I will submit to random urine analysis testing as determined by the treatment court team.

___ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.

___ I start attending peer recovery groups.

___ I will develop a financial plan and follow it.

___ I will address all medical needs identified.

___ I acknowledge my curfew is at 10 p.m.

I have reviewed the requirements for phase 2 and understand my responsibilities to the treatment court program.

Client Signature

Date

Phase 3 Requirements

Name: _____

Staff: _____ Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

___ I will attend court monthly at: _____.

___ I will follow my treatment plan.

___ I will comply with supervision and meet bi-monthly with my supervision officer on time. I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.

___ I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.

___ I will submit to random urine analysis testing as determined by the treatment court team.

___ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.

___ I will maintain attending peer recovery groups and establish a recovery network.

___ I will start life skills classes identified by the treatment court team.

___ I will engage in a pro-social activity.

___ I will maintain my financial plan.

___ I will address all medical needs identified.

___ I acknowledge my curfew is at 11 p.m.

I have reviewed the requirements for phase 3 and understand my responsibilities to the treatment court program.

Client Signature

Date

Phase 4 Requirements

Name: _____

Staff: _____ Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

- ___ I will attend court monthly at: _____.
- ___ I will follow my treatment plan.
- ___ I will comply with supervision and meet bi-monthly with my supervision officer on time. I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.
- ___ I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.
- ___ I will submit to random urine analysis testing as determined by the treatment court team.
- ___ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.
- ___ I will maintain attending peer recovery groups and my recovery network.
- ___ I will find employment, vocational training, or school.

- ___ I will maintain participating in a pro-social activity.
- ___ I will address ancillary services as needed (parenting classes, family support, etc.).
- ___ I will maintain my financial plan.
- ___ I will address all medical needs identified.
- ___ I acknowledge my curfew is at 12 a.m.

I have reviewed the requirements for phase 4 and understand my responsibilities to the treatment court program.

Client Signature

Date