

VETERANS TREATMENT COURT

In the Superior Court of the State of Delaware
In and For New Castle County

State of Delaware	Case Number(s)
v	
Defendant	
	DOB: SBI #:

Veterans Treatment Court Information Sharing Order

AND NOW, this _____ day of _____, _____, having determined that the above-captioned defendant is an offender within the custody of the Department of Correction either as an incarcerated individual or being supervised in the community; and

WHEREAS, this defendant has voluntarily agreed to participate in the Veterans Treatment Court, whose mission is to assist justice-involved individuals in addressing their mental health needs through treatment and supervision in an effort to improve mental health, promote self sufficiency, reduce recidivism, and protect the public.

WHEREAS, this Court may impose interim orders, or modify the sentence and conditions of probation arising out of the above-captioned criminal matter; and

WHEREAS, it may be necessary to evaluate the Defendant's protected healthcare information, educational, vocational rehabilitation, and correctional records in order to properly adjudicate this matter;

IT IS HEREBY ORDERED that upon presentation of this Order to any State of Delaware agency, hospital, school, organization, division or department of the State, doctor, nurse or other health care provider, treatment facility, psychologist, psychiatrist, police department, mental health clinic, drug or alcohol treatment provider, such agency shall permit the inspection and/or copying of any records, whether in electronic format or otherwise, relating to the above-captioned Defendant, without the consent of the Defendant.

1. Substance abuse treatment records shall be released pursuant to **42 U.S.C. § 290dd-2** and **42 C.F.R. § 2.61**, et seq. because the Court has determined that good cause exists. Other ways of obtaining this information are not available or would not be effective; and the public interest for disclosure outweighs potential injury.
2. Said records are needed for the purpose to assessing the propriety of this offender's criminal sentence, the offender's likelihood of re-offense, relapse, and the offender's ability to comply with the conditions of said criminal sentence.
3. In the matter at hand, the need for disclosure outlined above outweighs any potential injury to the patient, or physician/patient relationship, and to treatment services because such disclosures are strictly limited to the Court and parties and may not be distributed to any other individual without express written

consent of this Court.

This Order complies with **34 CFR § 99.31(a)(9)**(permitting court ordered disclosure of educational records otherwise protected under FERPA); **34 CFR § 361.38(e)(4)**(requiring the release of personal information relating to vocational rehabilitation pursuant to a court order); and **45 CFR § 164.512(e)(i)**(permitting disclosure of HIPAA protected healthcare information in response to an order of the court). Further, this is a court order to produce correctional records pursuant to and consistent with the purposes set forth at **11 Del. C. §4322(a)** and protected health information pursuant to **16 Del. C. § 1232(d)(5)**. This Order is specifically limited to the purposes set forth herein. Secondary disclosures are prohibited without written leave of Court.

The authority to receive documents and other records shall be strictly limited to the following individuals:

This order shall remain in full force and effect until further order of the Court. Unless otherwise ordered by the Court, this order shall terminate automatically at the expiration of the Defendant's criminal sentence.

Judge Wallace

cc: Original- Prothonotary File

In the Superior Court of the
In and For New Castle



State of Delaware
County

State of Delaware

DUC Number(s):

v

Defendant

Veterans Treatment Court
Probation Participation Contract

I, _____, the above-named defendant, by entering into the Delaware Veterans Treatment Court Program, understand that I will have certain obligations and responsibilities, and will have to follow orders and directions given to me by the Delaware Veterans Treatment Court Judge and treatment personnel. To that end, I understand and agree to comply with all of the following terms and conditions.

I will keep all appointments and I will follow all recommendations and directions involving my treatment plan.

I understand if I willfully miss any scheduled court appearances, a bench warrant for my arrest may be issued and sanctions may be imposed.

I understand that I must be in compliance with my probation at all times.

I will sign any and all releases of confidential information requested of me for and during my participation in the Delaware Veterans Treatment Court Program. I understand that any statements made by me while participating in this program could be used against me for post-conviction purposes only. This includes statements made to Delaware Veterans Treatment Court staff during the pre-screening phase, statements made in open court during New Castle County, Delaware Veterans Treatment Court proceedings, and/or statements made to any treatment provider during the treatment phase of the program. Spontaneous statements made by me in open court which refer to unrelated criminal activity and which are not related to participation in the Delaware Veterans Treatment Court Program may be admissible in other proceedings.

I understand that if I violate any of the terms and conditions of this contract, the Delaware Veterans Treatment Court Judge, at his or her discretion, may impose sanctions. Violations include, but are not limited to: missed appointments, missed court appearances, positive tests for illegal drugs or alcohol, new arrest, failure to work diligently toward the goals of the program, or failure to follow the instructions of the Judge or treatment personnel.

I understand the minimum general requirements to achieve final disposition in the Delaware Veterans Treatment Court Program are:

- a. Participation and compliance with my treatment program.
- b. Remaining drug and alcohol free (excluding prescribed medications) during my participation in the Delaware Veterans Treatment Court Program.
- c. Remain medication compliant.
- d. Meet with a Veterans Court Mentor as directed by the Delaware Veterans Treatment Court Judge.
- e. Remain compliant with all my probation requirements.

I will provide all documentation requested by the Delaware Veterans Treatment Court concerning these requirements. I understand that meeting the minimum requirements does not automatically entitle me to a final disposition. That determination will be made at the discretion of the Judge after consultation with the Office of Probation, TASC, the Attorney General's Office, and my attorney.

I understand if I fail to comply with this contract and am terminated from the Delaware Veterans Treatment Court Program, after a hearing in a Violation of Probation, the following may occur:

- a. I may be held in violation of my probation for failure to complete this program.
- b. I may be placed on the normal probation tract and not be permitted to continue my probation in Veterans Treatment Court.

I understand that participation in the Delaware Veterans Treatment Court Program is voluntary. If I wish to withdraw from the program, I must ask my lawyer to schedule a hearing before the Judge. I understand that my withdrawal from the program will result in my probation being continued or dismissed as determined by the Court.

I understand that I have the right to consult with an attorney with respect to any questions I have concerning my rights and the Delaware Veterans Treatment Court Program. I understand that if I am unable to afford an attorney, the Court will appoint one to me.

I have read all of the above conditions, or my lawyer has read them to me. My lawyer has explained these conditions to my satisfaction and answered all of my questions. I understand and agree to these conditions.

Date

Defendant Signature

Attorney General Signature

Defense Attorney Signature

Veterans Treatment Court Judge Signature

Veterans Administration Signature

cc: Prothonotary File

In the Superior Court of the



State of Delaware

Defendant Name

DUC Number

DOB

Address

Phone Number

Veterans Treatment Court Diversion Petition, Waiver and Agreement

1. I voluntarily request entry into the Superior Court Veterans Treatment Court Program. I understand that, I will have to follow orders and directions given to me by the Superior Court of Delaware Veterans Treatment Court Judge and treatment personnel. To that end, I understand and agree to comply with all of the following terms and conditions.
2. If I complete the program successfully, the criminal charges pending against me relating to the stipulated facts herein will be *dismissed* by the Delaware Department of Justice. Election of this program also requires the waiver of certain important rights as a condition of participation which is listed below.
3. I agree to submit to and complete a diagnostic evaluation and treatment program dealing with my substance abuse problem as ordered by the Court. I understand that the treatment program recommended by the TASC/VA Case Manager could include **residential** in addition to **outpatient** treatment. I further authorize release of all treatment information to the Court. Such information will not, however, be utilized by the Attorney General in any subsequent trial, if necessary, on the charges presently before the Court.
4. If I successfully complete the diversion program and fulfill all terms and conditions of this Agreement, prosecution for the offense which is the subject of the stipulated facts will not proceed and the charges against me stemming from those facts will be dismissed. The minimum length of the program is 6 months, lasting up to a year or more if necessary.

If I do not successfully complete the diversion program or comply with the conditions of this Agreement, a failure to Comply Hearing will be scheduled and may result in (1) modification of my treatment program or (2) revocation of my pre-trial release or (3) transfer of my case back to a court that retained jurisdiction or (4) termination from the program resulting in a trial based only upon the facts stipulated to be accurate for the purposes of these proceedings and the trial.

State agrees to DISMISS the above mentioned charges upon successful completion/graduation of this program.

5. By signing this document I acknowledge that I have read and understand that the attached statement of facts is accurate for the purposes of these proceedings and any subsequent trial. I agree that those facts will be the sole basis to be considered in any trial which results from my breach of any of the terms of this Agreement. (**Defendant shall sign and initial each page.**)

6. I further understand by agreeing to the stipulated trial referred to in Paragraph 5, I am surrendering certain rights, including:
 - (a) my right to a speedy trial;
 - (b) my right to a jury trial;
 - (c) my right to call witnesses and cross-examine State witnesses;
 - (d) my right to testify and present evidence;
 - (e) my right to raise and legal or factual defenses arising from out State and Federal constitutions, including but not limited to, the right of the police to stop and/or seize me and/or evidence and the legality of any statement obtained by the police;
 - (f) my right to appeal unless the sentence imposed exceeds the statutory maximum sentence prescribed by law.

7. I understand the minimum general requirements to achieve final disposition in the Superior Court of Delaware Veterans Treatment Court Program are:
 - (a) Participation and compliance with my treatment program.
 - (b) Remaining drug and alcohol free (excluding prescribed medications) during my participation in the Superior Court of Delaware Veterans Treatment Court Program.
 - (c) Remain medication compliant.
 - (d) Meet with Veterans Treatment Court Mentor as directed by the Superior Court of Delaware Veterans Treatment Court Judge.

8. I understand that if I violate any of the terms and conditions of this contract, the Superior Court Delaware Veterans Treatment Court Judge, at his or her discretion, may impose sanctions. Violations include, but are not limited to: missed appointments, missed court appearances, positive tests for illegal drugs or alcohol, new arrest, failure to work diligently toward the goals of the program, or failure to follow the instructions of the Judge or treatment personnel.

9. I also agree:
 - (a) not to violate any law (federal, state or local) and to immediately contact the treatment counselor if arrested;
 - (b) to attend school or work regularly at a lawful occupation or be otherwise engaged productively as approved by the Court;
 - (c) to continue to reside at the address supplied to the Court, and to notify and to update my information if I change my address ;
 - (d) to report to the program to which I am referred, as required, cooperate fully, and abide by all of the program's conditions;
 - (e) to appear in Court for status conferences or termination hearings as required;
 - (f) that the Court may extend my treatment as the Court determines appropriate to allow successful completion of the requirements;
 - (g) to pay a civil drug education fund assessment to the Clerk of the Superior Court in the amount of \$200.00 Court Cost, **unless deemed suspended by the Court**. I may also be charged a fee by the private treatment provider, based on a sliding scale which will take into account my income and dependants. The exact details of this fee will be explained to me by the treatment provider personnel.
 - (h) I understand that participation in the Delaware Superior Court Veterans Treatment Court Program is voluntary. If I wish to withdraw from the program, I must ask my lawyer to schedule a hearing before the Judge. I understand that my withdrawals from the program may result in my case being re-listed for trial or if another court retained jurisdiction, to be transferred back to that court.

- (i) I understand that I have the right to consult with an attorney with respect to any questions I have concerning my rights and the Superior Court of Delaware Veterans Treatment Court Program. I understand that if I am unable to afford an attorney, the Court will appoint one to me.
- (j) **to stipulate to the following: facts contained in the police report, complaint no. _____ by the defendant above and the substance was _____.**
- (k) to the following additional requirements:
 - a. **Defendant/Petitioner agrees not to file for a motion for expungement for three (3) years after successful completion/graduation from this program.**
 - b. **If the Defendant/Petitioner was charged with a Driving Under the Influence (“DUI”) offense, the Defendant/Petitioner agrees not to file a motion for expungement after successful completion/graduation from this program.**

I have read or my attorney has read to me and I understand this petition and my obligations and the rights I am surrendering. I am knowingly and voluntarily entering into this Agreement understanding that the police report and/or accompanying statement of facts and/or stipulation will form the sole basis of the evidence in any trial that my occur.

Date

Defendant Signature

Attorney General Signature

Defense Attorney Signature

Veterans Treatment Court Judge Signature

Veterans Administration Signature

cc: Prothonotary File

Superior Court of the State of Delaware



Veterans Treatment
Court Mentoring Program
Volunteer Mentor Application

The Delaware Veterans Treatment Court was initiated in March 2011 to address the special needs of men and women who have served in the United States Military who have incurred criminal charges. It is a cooperative enterprise among the Courts, Veterans Administration, Delaware State Agencies, non-governmental social service organizations and individual volunteers to provide treatment and rehabilitation to Veterans facing criminal charges.

Volunteer Mentors are important elements of the Veterans Treatment Court Program, because Mentors provide moral support and guidance to Veterans enrolled in the program who may experience problems along the way.

The Duties and Responsibilities of Volunteer Mentors are:

- A Mentor must be a veteran of the United States Military –Army, Navy, Air Force, Marine Corps, Coast Guard, Reserve or National Guard.
- Adhere to Delaware Veterans Court Program policies and procedures.
- Is familiar with Veterans Affairs services and Veterans community resources.
- Serve as an advocate, ally, supporter, sounding board and role model for a Veteran participating in the Veterans Treatment Court Program.
- Attend training and Court sessions.
- Interact respectfully and professionally with other Veterans, staff of the Court and other agencies that work with the Delaware Veterans Treatment Court Program.
- If possible, commit to serve as a volunteer for one year.

Interested Veterans should complete and submit this application by fax or mail to:

For New Castle County:

Attn: Victoria Sines
New Castle County Superior Court
Veterans Treatment Court (VTC)
500 North King Street
Wilmington, DE 19801
Fax: 302-255-2273

Superior Court of the State of Delaware



Veterans Treatment
Court Mentoring Program
Volunteer Mentor Application

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

DOB (dd/mm/yyyy) _____ SSN _____ Email _____

Branch of Service _____ Grade/Rank _____ Dates _____ Combat: Yes / No Theater

Employer _____ Address _____

City _____ State _____ Zip _____ Phone _____

Have you ever been a defendant in a criminal matter (other than summary traffic offenses)? If so, please list all offenses with which you were charged and the outcome of the case. **This information will remain confidential.** It is recognized that personal experience with the criminal justice system may help a mentor better relate to a veteran facing criminal proceedings.

Do you have a history of engaging in addictive behaviors including, but not limited to, use of illegal drugs and/or abusing alcohol or prescription medicine? If yes, please describe and indicate since you have been clean or last engaged in addictive behavior. **This information will remain confidential.** It is recognized that past substance abuse history may help a mentor better relate to a veteran who suffering from substance abuse problems.

Please provide any additional information you feel should be taken into consideration for your application:

Superior Court of the State of Delaware



Veterans Treatment
Court Mentoring Program
Volunteer Mentor Application

Please list three (3) references, who are not relatives, include their addresses and phone number (s):

By signing below, I certify that I have read and understand the duties and responsibilities of a Volunteer Mentor in the Delaware Veterans Court Mentoring Program (the "Program") and that I give permission to the Program to conduct a background investigation to verify the accuracy of the information contained in this application or otherwise determine my suitability to serve as a Volunteer Mentor. I knowingly and voluntarily waive all liability against all persons providing and obtaining information for the Program concerning my application. I also understand that this application does not create a contract, employment or agency relationship, nor am I guaranteed to be selected as a Volunteer Mentor. I further understand that any intentional omission or misrepresentation of fact in this application may result in refusal or separation from the program.

Signature

Date: _____

Printed Name

Mail or Fax Completed Application to:

Attn: Victoria Sines
New Castle County Superior Court
Veterans Treatment Court
500 North King Street
Wilmington, DE 19801
Fax: 302-255-2273

****Failure to complete the application in full will result in the decline of your application.**