BELL COUNTY VETERANS TREATMENT COURT APPLICATION

TEXAS VETERANS COMMISSION

Please submit completed application to Linda D. Ingraham. You may submit this by fax: (254) 933-5776, Email: Linda.Ingraham@bellcounty.texas.gov or in person to Linda Ingraham. You may contact Katherine Martin at (254) 831-2215 for further information or questions.

Defendant's Name: _____ **Date of Birth:** _____

Address: _____ **Phone #:** _____

Email: _____ **DL# & State:** _____

Social Security #: _____ **Aliases (If Any):** _____

Employment/School: _____ **Phone #:** _____

Attorney Name: _____ **Attorney Phone #:** _____

Attorney Email: _____ **Fax #:** _____

Enrolled in VA? ☐ YES ☐ NO Service-Connected? ☐ YES ☐ NO Percentage: _____

Current Bell County, Texas Cause Number(s)/Dates of arrest/Charge(s):

1. _____ _____ _____

2. _____ _____ _____

3. _____ _____ _____

***Previous* Criminal History: Charge(s)/Dates of arrest/Outcome:**

1. _____ _____ _____

2. _____ _____ _____

3. _____ _____ _____

- **What is the Defendant's county of residence:** _____
- **Does the Defendant have any other pending cases or charges: ☐ YES ☐ NO**
- **If "Yes," charges and jurisdictions:** _____
- **Does the Defendant have any outstanding holds or warrants from any other jurisdiction (including immigration matters)? ☐ YES ☐ NO**
- **If yes, charges and jurisdictions:** _____

- **Is the Defendant currently on Community Supervision/Probation in any other jurisdiction? ☐ YES ☐ NO If yes, name jurisdiction & offense: _____**
- **What Branch of Service did the Defendant serve in? _____**
- **What type of discharge did the Defendant receive? _____**
- **What were the dates of service? _____ **Attach DD214 Member 4 copy****
- **What combat zone or other similar hazardous duty area was Defendant deployed to? _____**
- **Dates of deployment(s): _____**
- **Has the Defendant been treated for/diagnosed with PTSD, a service-related mental disorder or a Traumatic Brain Injury (TBI)? ☐ YES ☐ NO ☐ UNKNOWN**

Does the attorney grant consent for the Veteran's Court Coordinator to meet with the applicant for assessment, referral(s) and explanation of program prior to being accepted into the Veterans Treatment Court? ☐ YES ☐ NO

To Be Completed by Defendant: **Please explain in your own words how you believe your experiences during your term of military service contributed to the behavior resulting in your arrest. Also, please indicate what you hope to gain from the program and what the Court can expect of you:**

I am capable of understanding the requirements for the Veterans Treatment Court and the requirements have been fully explained to me by my attorney.

Defendant's Signature	**Date**	**Attorney's Signature**	**Date**

ASAIS ID: _____ Last Name: _____ First Name: _____ MI: ____

University of Rhode Island Change Assessment Scale - URICA

INSTRUCTIONS: This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem", answer in terms of problems related to your drinking (or illegal drug use). The words "here" and "this place" refer to treatment or the program. Please read the following statements carefully. For each statement, circle the number that best describes how much you agree or disagree with each statement. ***You must complete one scale for alcohol use and a separate scale for drug use.***

Key: SD = No Strongly Disagree **D** = No Disagree **U** = Undecided or Unsure **A** = Yes Agree **SA** = Yes Strongly Agree

Problem:	**SD**	**D**	**U**	**A**	**SA**
1. As far as I'm concerned, I don't have any problems that need changing.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. I think I might be ready for some self-improvement.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. I am doing something about the problems that had been bothering me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. It might be worthwhile to work on my problem.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. I'm not the problem one. It doesn't make much sense for me to be here.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. I am finally doing some work on my problem.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. I've been thinking that I might want to change something about myself.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. At times my problem is difficult, but I'm working on it.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12. I'm hoping this place will help me to better understand myself.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
13. I guess I have faults, but there's nothing that I really need to change.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
14. I am really working hard to change.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
15. I have a problem and I really think I should work at it.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
17. Even though I'm not always successful in changing, I am at least working on my problem.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
18. I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
19. I wish I had more ideas on how to solve the problem.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
20. I have started working on my problems but I would like help.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
21. Maybe this place will be able to help me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
22. I may need a boost right now to help me maintain the changes I've already made.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
23. I may be part of the problem, but I don't really think I am.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24. I hope that someone here will have some good advice for me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
25. Anyone can talk about changing; I'm actually doing something about it.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
26. All this talk about psychology is boring. Why can't people just forget about their problems?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
27. I'm here to prevent myself from having a relapse of my problem.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
29. I have worries but so does the next guy. Why spend time thinking about them?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
30. I am actively working on my problem.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
31. I would rather cope with my faults than try to change them.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
32. After all I had done to try to change my problem, every now and again it comes back to haunt me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Client ID#	Today's Date	Facility ID#	Zip Code	Administration

TCU Drug Screen V

During the last 12 months (before being locked up, if applicable) –

	No	Yes
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	O	O
2. Did you try to control or cut down on your drug use but were unable to do it?	O	O
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	O	O
4. Did you have a strong desire or urge to use drugs?	O	O
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	O	O
6. Did you continue using drugs even when it led to social or interpersonal problems?	O	O
7. Did you spend less time at work, school, or with friends because of your drug use?	O	O
8. Did you use drugs that put you or others in physical danger?	O	O
9. Did you continue using drugs even when it was causing you physical or psychological problems?	O	O
10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?	O	O
10b. Did using the same amount of a drug lead to it having less of an effect as it did before?	O	O
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	O	O
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?	O	O

12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]

O None
O Alcohol
O Cannabinoids – Marijuana (weed)
O Cannabinoids – Hashish (hash)
O Synthetic Marijuana (K2/Spice)
O Opioids – Heroin (smack)
O Opioids – Opium (tar)
O Stimulants – Powder Cocaine (coke)
O Stimulants – Crack Cocaine (rock)
O Stimulants – Amphetamines (speed)
O Stimulants – Methamphetamine (meth)
O Bath Salts (Synthetic Cathinones)
O Club Drugs – MDMA/GHB/Rohypnol (Ecstasy)
O Dissociative Drugs – Ketamine/PCP (Special K)
O Hallucinogens – LSD/Mushrooms (acid)
O Inhalants – Solvents (paint thinner)
O Prescription Medications – Depressants
O Prescription Medications – Stimulants
O Prescription Medications – Opioid Pain Relievers
O Other (specify) _____

Client ID# | Today's Date | Facility ID# | Zip Code | Administration

13. How often did you use each type of drug during the last 12 months?	Never	Only a few Times	1-3 Times per Month	1-5 Times per Week	Daily
a. Alcohol	O	O	O	O	O
b. Cannabinoids – Marijuana (weed)	O	O	O	O	O
c. Cannabinoids – Hashish (hash)	O	O	O	O	O
d. Synthetic Marijuana (K2/Spice)	O	O	O	O	O
e. Opioids – Heroin (smack)	O	O	O	O	O
f. Opioids – Opium (tar)	O	O	O	O	O
g. Stimulants – Powder cocaine (coke)	O	O	O	O	O
h. Stimulants – Crack Cocaine (rock)	O	O	O	O	O
i. Stimulants – Amphetamines (speed)	O	O	O	O	O
j. Stimulants – Methamphetamine (meth)	O	O	O	O	O
k. Bath Salts (Synthetic Cathinones)	O	O	O	O	O
l. Club Drugs – MDMA/GHB/Rohypnol (Ecstasy)	O	O	O	O	O
m. Dissociative Drugs – Ketamine/PCP (Special K)	O	O	O	O	O
n. Hallucinogens – LSD/Mushrooms (acid)	O	O	O	O	O
o. Inhalants – Solvents (paint thinner)	O	O	O	O	O
p. Prescription Medications – Depressants	O	O	O	O	O
q. Prescription Medications – Stimulants	O	O	O	O	O
r. Prescription Medications – Opioid Pain Relievers	O	O	O	O	O
s. Other (specify) _____	O	O	O	O	O

14. How many times before now have you ever been in a drug treatment program?
[DO NOT INCLUDE AA/NA/CA MEETINGS]

O *Never* O *1 time* O *2 times* O *3 times* O *4 or more times*

15. How serious do you think your drug problems are?

O *Not at all* O *Slightly* O *Moderately* O *Considerably* O *Extremely*

16. During the last 12 months, how often did you inject drugs with a needle?

O *Never* O *Only a few times* O *1-3 times/month* O *1-5 times per week* O *Daily*

17. How important is it for you to get drug treatment now?

O *Not at all* O *Slightly* O *Moderately* O *Considerably* O *Extremely*

Mental Health Screening Form III

Instructions: In this program, we help people with all their problems, not just their addictions. This commitment includes helping people with emotional problems. Our staff is ready to help you to deal with any emotional problems you may have, but we can do this only if we are aware of the problems. Any information you provide to us on this form will be kept in strict confidence. It will not be released to any outside person or agency without your permission. If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your entire life history, not just your current situation, this is why each question begins –"Have you ever ...."

1) Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?

YES NO

2) Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?

YES NO

3) Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?

YES NO

4) Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?

YES NO

5) Have you ever heard voices no one else could hear or seen objects or things which others could not see?

YES NO

6) a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? YES NO

b) Did you ever attempt to kill yourself? YES NO

7) Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?

YES NO

8) Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?

YES NO

9) Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property?

YES NO

J.F.X. Carroll, Ph.D. & John J. McGinley, M.S., M.S.W., M.A.

OVER

10) Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? YES NO

11) Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner? YES NO

12) Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up? YES NO

13) Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything? YES NO

14) Have you ever had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint? YES NO

15) Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate. YES NO

16) 1.Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling? YES NO

17) Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem? YES NO

Print Client's Name: _____ Program to which client will be assigned: _____

Name of Admissions Counselor: _____ Date: _____

Reviewer's Comments: _____

_____

_____

Total Score: _____ (each yes = 1 pt.)

Department of Veterans Affairs

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)*

VA Central Texas Health Care System
1901 Veterans Memorial Dr, Temple, TX 76504and any other VHA hospital system where the Veteran has or will receive services.

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

Bell County Veterans Court
1201 Huey Road, all affiliated individuals, agencies, attorneys, and court evaluator -see attached listing. Veteran agrees to additional guests of the court/research investigators Yes or No.

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 utox screens past and future as deemed relevant by court
- ☐ RADIOLOGY REPORTS *(Name & Date)*: _____
- ☒ LIST OF ACTIVE MEDICATIONS
- ☒ OTHER *(Describe)*: All relevant medical record information needed for court supervision.

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

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.

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.

EXPIRATION

Without my express revocation, the authorization will automatically expire.

☐ UPON SATISFACTION OF THE NEED FOR DISCLOSURE

☐ ON _____ *(enter a future date other than date signed by patient)*

☒ UNDER THE FOLLOWING CONDITION(S): Upon completion/discharge of court program and probation.

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

VJO will provide summary of progress via written, verbal, telephonic and secured email that is required by court for monitoring of patient progress in treatment and compliance with legal conditions of Veteran Treatment Court participation, inclusive of all relevant medical record information both past and future. Information will include but not be limited to: diagnoses (medical, mental health,and substance/alcohol), relevant labs, medical diagnoses, progress in treatment programming, developmental, social, financial and military data as relevant to court/legal circumstances to the designated court team and additional guests as permitted by authorization. Information will be shared at regular intervals as needed by the Court Team to adequately assess progress of Veteran and compliance with court and probation guidelines. The authorization will expire upon Veteran discharge or successful completion of court program and probation period which may last longer than the court program. Medical record information is subject to review in open court docket.

DATE RELEASED	RELEASED BY: