

SAO4 Veteran's Treatment Court Application

Name: _____ Email: _____

Case Number(s): _____ Phone: _____

Address: _____

Defense Attorney Name/Phone/Email: _____

	YES	NO
1. I understand Veteran's Treatment Court ("VTC") is a rigorous one-year treatment program, and I am requesting approval to participate.	_____	_____
2. I am a current OR former member of the military. Or, I am a "servicemember" as defined by Section 394.47891(2)(c), F.S. (2021).	_____	_____
3. I have a service-related mental health condition, service-related traumatic brain injury, service-related substance use disorder, service-related psychological problem, or I have experienced military sexual trauma.	_____	_____
4. If approved for VTC, I agree to pay restitution to the listed victim(s), if any, for any damage or loss caused directly or indirectly by my criminal conduct.	_____	_____
5. I agree to be screened for VTC and have the screening results shared with the Treatment Court, the Assistant State Attorney, my defense attorney, and the Veteran's Administration.	_____	_____
6. I am eligible for full VA medical benefits.	_____	_____
7. I have a valid driver's license, or I will arrange alternative transportation to participate in VTC every week.	_____	_____
8. I will furnish a copy of my DD214 as a prerequisite to my admission to VTC.	_____	_____
9. I agree to sign a Release of Information to allow the Veterans Administration personnel to access my medical records.	_____	_____

SAO4 Veteran's Treatment Court Application

I swear or affirm I have reviewed the statements above and answered them truthfully to the best of my ability. I understand any false information provided in this application could disqualify me from participation in VTC. I am requesting approval from the State Attorney's Office to be screened and considered for VTC. Although I may be eligible for VTC, I have no right to participate in the program, and the VTC Judge will make the final determination.

Defendant's Signature

Date

If this form was completed and signed by defense counsel:

Defense counsel swears or affirms the above-referenced application was reviewed with Defendant, who has authorized me to submit this application on their behalf.

Attorney for Defendant, FL Bar #

Date

****Please submit applications to SAO4VTC@coj.net ****

Defense counsel should email Assistant State Attorney Ann Marie Johnson at AMJohnson@coj.net within five business days to schedule a screening.

Eligible defendants will be referred to a Veteran's Administration clinician for assessment.
Active-duty service members will complete a SARP assessment.