

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE ____ JUDICIAL CIRCUIT
COUNTY OF _____

THE PEOPLE OF THE STATE OF ILLINOIS

vs.

CASE NO. _____

DEFENDANT

**CONSENT TO PARTICIPATE
VETERANS COURT PROGRAM**

1. I understand that I have no legal right to participate in the Veterans Court Program. I have reviewed this Consent to Participate with my Attorney and I hereby knowingly and voluntarily execute this Consent to Participate which allows me to participate in the Veterans Court Program.

2. I agree to participate in and cooperate with any and all treatment recommendations, including, but not exclusively, any mental health or substance abuse assessments and/or treatment recommended by the Veterans Court Team, which consists of the Judge, Court Coordinator, Prosecutor(s), Public Defender or Defense Counsel, Probation, Treatment Provider(s), Case Manager(s) and any other personnel designated by the Veterans Court Team.

3. I understand that the Veterans Court Program may include a mentor program staffed by volunteer veterans and that additional support from a mentor is available to me if I voluntarily choose to engage with a mentor. The mentors may or may not be part of the Veterans Court Program Team and may appear with me in court and provide assistance to me in discharging my Veterans Court Program requirements.

4. I understand that it is essential that all members of the Veterans Court Team, including the Judge, communicate as a team and share information regarding my participation in the Veterans Court, including compliance with treatment, and I agree to them doing so. Upon entry into the Veterans Court, I consent to the Veterans Court public defender representing me at Veterans Court staffings and at Veterans Court status review hearings, unless I have privately retained counsel. I understand that my privately retained counsel will be required to represent me at all staffings and court status review hearings. In the event that my privately retained counsel is unable to attend a staffings and/or court, I understand that my attorney will arrange for other counsel to appear on my behalf.

5. I agree to adhere to all components of my treatment, including attending all counseling sessions, treatment programs, taking my medication as prescribed, engaging in structured daily activities as recommended by the Veterans Treatment Court Team, and cooperation with home

visits by Veterans Court Team members.

6. I agree to remain drug and alcohol free (except for approved prescribed medications) and to submit to random drug testing at the discretion of the Veterans Court Team or any treatment provider and agree to the disclosure of the results to the Veterans Court Team.

7. I agree to appear in court as required. I understand that my court hearings will be open to the public and an observer could connect my identity with the fact that I am in treatment and I consent to this type of disclosure to a third person.

8. I agree to reside in _____ County and to keep the Veterans Court Team advised of my current address and telephone number, employment status, and any new arrests at all times during the program.

9. I agree to sign any and all releases of information consenting to the disclosure of information to the Veterans Court Team. I understand that if I refuse to comply with signing a release when requested, it may be grounds for termination from Veterans Court.

10. I agree to be truthful, cooperative, and respectful with the Veterans Court Team.

11. I understand that based upon any report (written or oral) of my violation of this Consent to Participate, the Veterans Court Judge may: authorize a warrant for my arrest; impose any sanction, including jail time if ordered by the Judge; adjust my treatment plan; or modify or revoke any conditions of my probation or bond. My violation(s) may result in proceedings being initiated seeking my termination from the Veterans Court and these proceedings could either be resolved in Veterans Court or be referred back to traditional court.

12. I understand that my alcohol, drug and/or mental health treatment records are protected by Part 2 of Title 42 of the Code of Federal Regulations (C.F.R), and HIPAA, Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110 *et seq.*; 45 C.F.R. Parts 160 & 164. I understand that I may revoke this Consent to Participate at any time except to the extent that action has been taken in reliance on it. In any event, this Consent to Participate expires upon the termination of the probation I am serving in this case or the termination of all proceedings with regard to this cause of action as named above.

13. I understand that I may voluntarily withdraw from the Veterans Court Program in accordance with Veterans Court procedures. I understand that there may be consequences, actual or potential, which will result from my withdrawal.

14. I understand that at the discretion of the presiding Veterans Court Judge, for purposes of research and/or education, other persons may be permitted to attend the Veterans Court Team meetings where communication as to my case will occur.

15. I understand that language help is available and if I need assistance, it is my responsibility to inform the court I need help.

I UNDERSTAND THAT THE VETERANS COURT MAY BE AN OPPORTUNITY FOR

ME TO AVOID CONVICTION, JAIL AND/OR PRISON AND TO HELP ME OBTAIN TREATMENT AND MOVE FORWARD WITH MY LIFE. I ALSO UNDERSTAND THAT ALL MEMBERS OF THE VETERANS COURT TEAM WANT TO SEE ME SUCCEED AND ARE HERE TO HELP ME.

Date

Name (Print or type)

Signature

Signature of Interpreter
(where applicable)

Signature of Parent or Guardian
(where applicable)

I HAVE REVIEWED THIS CONSENT WITH THE DEFENDANT. THE DEFENDANT UNDERSTANDS IT AND AND VOLUNTARILY AGREES TO PARTICIPATE. I FURTHER UNDERSTAND THAT THE VETERANS COURT TEAM WILL BE DISCUSSING THE DEFENDANT'S COMPLIANCE AND COOPERATION WITH HIS/HER TREATMENT PLAN AND TERMS OF SUPERVISION AT VETERANS COURT STAFFINGS AND AT VETERANS COURT STATUS REVIEW HEARINGS. I ACKNOWLEDGE IF I REMAIN COUNSEL OF RECORD FOR THE DEFENDANT, I WILL APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR AT VETERANS COURT TEAM STAFFINGS WHEN THE DEFENDANT IS SCHEDULED TO BE STAFFED BY THE VETERANS COURT TEAM AND ALSO TO APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR WITH THE DEFENDANT AT ALL COURT HEARINGS.

Date

Signature of Defense Counsel/Public Defender

_____ This Consent to Participate is Accepted by: _____
Date Judge