



Superior Court of California, County of Contra Costa

## Veterans Treatment Court/Military Diversion Referral Packet

### Court Information

Date of Referral		Case Number(s)	
Attorney of Record		Attorney Phone	
<input type="checkbox"/> Public Defender	<input type="checkbox"/> Alternate Public Defender	<input type="checkbox"/> Private Attorney	<input type="checkbox"/> Other

### Client Information

Name	First*	Middle*	Last*
Mobile Phone*		Other Phone	
Date of Birth*		SSN*	
Address		Unhoused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email			

### Military Information

Are you enrolled in VA Healthcare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, where?	<input type="checkbox"/> Travis	<input type="checkbox"/> Mare Island	<input type="checkbox"/> Martinez	<input type="checkbox"/> Other
If no, who is your provider?	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Kaiser	<input type="checkbox"/> Private Insurance	
Service Connected Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	If yes, percentage:
Conditions/Diagnoses	<input type="checkbox"/> PTSD	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Use
	<input type="checkbox"/> Military Sexual Trauma	<input type="checkbox"/> Other:		
Military Status	<input type="checkbox"/> Veteran	<input type="checkbox"/> Active Duty	<input type="checkbox"/> Retired	
	<input type="checkbox"/> National Guard	<input type="checkbox"/> Reservist		

\*Required fields. Client or attorney must fill in this information for screening to occur.

**Client must sign attached VA Release of Information (ROI) and Court ROI.** Send this completed form along with both ROIs to Kelli Nance, VJO Specialist, at [Kelli.Nance@va.gov](mailto:Kelli.Nance@va.gov).



## Veterans Treatment Court/Military Diversion Programs Consent to Release Information and Consent to Obtain Information

I, \_\_\_\_\_, authorize the Contra Costa County Superior Court's Veterans Treatment Court (VTC) and Military Diversion (MD) teams to exchange (provide and receive) information pertaining to me to determine my eligibility for the program and to assess my progress in the program. I understand that the teams include staff from the following entities:

- Contra Costa County Public Defender's Office: Shannon Mastromarco
- Contra Costa County District Attorney's Office: Derek Butts
- Contra Costa County Probation Department: Caitlin Herrick
- Contra Costa County Veterans Services: James Lyons
- Superior Court of California, County of Contra Costa: Judge Julia Campins
- U.S. Dept. of Veterans Affairs Healthcare System: Kelli Nance, LCSW and VJO Veteran Justice Outreach Specialist: Kelli Nance

My defense attorney: \_\_\_\_\_

Information may also be exchanged with the following Treatment Providers:

Clinics and Hospitals of VA Northern California Healthcare System

Veterans Center: Location \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

The information obtained or released pursuant to this authorization form may include, but is not limited to, assessments performed on me, my medical information, current and past treatment plans, my progress in treatment, my clinical data and diagnoses, and my VA disability status.

I understand that my records are protected by the provisions of 42 United States Code (USC) Section 290dd-2, and the regulations implementing these laws at pt. 2, subch. A, ch. 1, tit. 42 of the Code of Federal Regulations (CFR), and cannot be disclosed without my written consent unless otherwise provided in the laws or regulations. I also understand that I may revoke this consent at any time except to the extent that a person/entity with authority to do so has already acted in reliance on it, and that in any event this consent will expire on the date that the VTC team determines my ineligibility for the program, or

Thirty (30) days after termination/graduation from VTC or  \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant (print name)

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Case Manager

**THIS FORM MUST BE EMAILED TO:**

Kelli Nance, VJO Speclaist

EMAIL: [Kelli.Nance@va.gov](mailto:Kelli.Nance@va.gov)

\*\*\*Failure to email this form may cause a delay in the screening/assessment process\*\*\*