

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 21<sup>ST</sup> JUDICIAL CIRCUIT  
COUNTY OF KANKAKEE

THE PEOPLE OF THE STATE OF ILLINOIS

vs.

CASE NO (s). \_\_\_\_\_

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DEFENDANT

**CONSENT TO PARTICIPATE  
VETERANS TREATMENT COURT PROGRAM**

1. I understand that I have no legal right to participate in the Kankakee County Veterans Treatment Court (VTC). 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 Kankakee County Veterans Treatment Court.
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 Treatment Court Team.
3. I understand that the Veterans Treatment Court may include a mentor program staff by volunteer veterans and that additional support from a mentor is available to me if I voluntarily chose to engage with a mentor. The mentors may or may not be part of the Veterans Treatment Court Team and may appear with me in court and provide assistance to me in discharging my Veteran Treatment Court requirements.
4. I understand that it is essential that all members of the Veterans Treatment Court Team, including the Judge, communicate as a team and share information regarding my participation in the Veteran Treatment Court, including compliance with treatment; and I agree to them doing so. Upon entry into the Veteran Treatment Court, I consent to the Veterans Treatment Court Public Defender representing me at the Veterans Treatment Court staffings and at the Veterans Treatment Court status review hearings.
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 Treatment 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 Treatment Court Team or any treatment provider and agree to the disclosure of the results to the Veterans Treatment Court Team. I understand that I may be sanctioned for providing diluted, adulterated or substituted test specimens.
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 21<sup>st</sup> Judicial Circuit (Kankakee & Iroquois Counties) and to keep the Veterans Treatment 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 Treatment Court Team. I understand that if I refuse to comply with signing a release when requested, it may be grounds for termination from Veterans Treatment Court.
10. I agree to be truthful, cooperative, and respectful with the Veterans Treatment Court Team.
11. I understand that based upon any report (written or oral) of my violation of this Consent to Participate, the Veterans Treatment 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 Treatment Court and these proceeding could either be resolved in Veterans Treatment Court or be referred back to traditional court.
12. I understand that my alcohol, drug and/or mental 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 Treatment Court in accordance with Veterans Treatment 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 Treatment Court Judge, for purposes of research and/or education, other persons may be permitted to attend the Veterans Treatment Court Team meetings where communications 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 TREATMENT 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 TREATMENT COURT WANT TO SEE ME SUCCEED AND ARE HERE TO HELP ME.**

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Date

Name (Print)

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Signature

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

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Date

Signature of Defense Counsel/Public Defender

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Date

This Consent to Participate is Accepted by:

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Judge