

JASPER COUNTY TREATMENT COURT APPLICATION FORM

**Please check the box in which you are applying for**

Veterans Court \_\_\_\_\_ DWI Court \_\_\_\_\_ Recovery Court \_\_\_\_\_ Co-Occurring Disorders Court \_\_\_\_\_

Defendant's Name \_\_\_\_\_

Defense Attorney \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number where Defendant can be reached: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Charge(s): \_\_\_\_\_ Division case is pending \_\_\_\_\_

Has Defendant signed the Consent for Disclosure form for the Jasper County Treatment Court?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is Defendant currently receiving or has Defendant in the past received substance abuse treatment?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is Defendant currently receiving or has Defendant in the past received mental health services?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Has the Defendant served in the Armed Forces?**  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please return this form and the release form to the Jasper County Court Services Officer in person at 601 S. Pearl, Joplin, MO or by fax at 417-782-7172 or email to [Matt.Ouren@courts.mo.gov](mailto:Matt.Ouren@courts.mo.gov)

JASPER COUNTY TREATMENT COURT APPLICATION FORM

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION FOR TREATMENT COURT REFERRAL

I, \_\_\_\_\_, BEING THE Defendant in Case Number \_\_\_\_\_, and having agreed to enroll and participate in the Jasper County Adult Treatment Court Program, hereby consent to allow on-going communications about my compliance status among the following parties or agencies and all team members involved in the Treatment Court Program to include, but not limited to: The Judge of the Jasper County Circuit Court (and his/her Judicial Designee), the Court Administrator, Court Services Officer, the employees engaged in the Treatment Court operations of the Jasper County Circuit Court, the Prosecuting Attorney’s Office, the Office of the Public Defender or my private counsel, the Office of Probation and Parole, the Juvenile Office, Children’s Division, court-contracted drug and alcohol testing companies, court-contracted locator (GPS) companies, Ozark Center employees or contract providers, Lafayette House employees or contract providers, ASCENT Recovery, House, Inc., Lazarus House, and/or other referring or treating agencies involved in the direct delivery of services through the Jasper County Treatment Court Program.

I understand that the purpose of, and the need for this disclosure, is to inform the Court and the other above-named parties or agencies of my eligibility and/or acceptability for substance abuse treatment services as well as to report on and adequately monitor my treatment, attendance, prognosis, and compliance with the terms and conditions of my probation and to discuss and assess my status as a participant in the Treatment Court Program and assess and comment on my progress in accordance with the Treatment Court’s reporting and monitoring criteria.

I agree to permit disclosure of this confidential information only as necessary for, and pertinent to, hearings, and/or reports concerning the status of my participation and compliance with the conditions of my probation as defined by the Treatment Court. I understand that information about my medical status, mental health, and/or drug treatment status, my arrest history, my levels of compliance or non-compliance with the conditions of my Treatment Court participation (including the results of urinalysis or other drug screening tools), and other material information will be discussed and shared among members of the Treatment Court team. I further understand that summary information about my compliance or lack thereof will be discussed in open court, specifically, whether I have attended all meetings, treatment sessions, and the results of urinalysis other drug/alcohol testing as required, and the disclosure of my compliance or noncompliance with the terms and conditions of my probation as defined by the Court. There may be visitors in court that may hear this information as well and I consent to their attendance in court and information they may hear.

I understand that treatment information normally is confidential under federal law. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient (or client) records and that it is a crime to violate this confidentiality requirement unless I voluntarily consent to permit its disclosure. Recipients of this information may re-disclose it only in connection with their official duties. I also acknowledge receipt of the Notice of Rights of Confidentiality.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Treatment Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Treatment Court requirements, or upon sentencing for violating the terms of my Treatment Court involvement.

\_\_\_\_\_  
Date \_\_\_\_\_  
SIGNATURE OF PROGRAM PARTICIPANT

\_\_\_\_\_  
Date \_\_\_\_\_  
SIGNATURE OF WITNESS