



Maricopa County Justice Courts Veterans Treatment Court

INFORMATION FOR COMPLETING PAPERWORK FOR THE VETERANS TREATMENT COURT

All veterans wanting to enter our Veterans Treatment Court must complete and submit a Release of Information (ROI) form. The Department of Veterans Affairs (VA) cannot communicate with court staff about anyone's eligibility without this form. One must be on file even if the veteran is not enrolled for VA benefits.

The veteran will need to fill out the highlighted boxes on Page 1 and Page 2 of the ROI as shown in the examples below.

IMPORTANT: both the **Drug Abuse** and **Alcoholism or Alcohol Abuse** boxes need the veteran's initials. This is not an admission that these issues exist. It simply allows the VA representative to let the court know if this type of counseling is or is not part of the treatment plan. **Initials are required even if this is not an issue for the veteran.**

From page 1:

LAST NAME- FIRST NAME- MIDDLE INITIAL		LAST 4 SSN	DATE OF BIRTH
NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED To: Maricopa County Justice Court, Maricopa County Attorney Office, Maricopa County Public Defenders Office, and the Vetsix Team. If applicable, name of private attorney's firm & telephone:			
VETERAN'S REQUEST			
I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):			
Please initial both boxes ---->	<input type="checkbox"/> DRUG ABUSE	<input type="checkbox"/> SICKLE CELL ANEMIA	
	<input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE	<input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)	

From page 2:

LAST NAME- FIRST NAME- MIDDLE INITIAL		LAST 4 SSN	DATE OF BIRTH
PATIENT SIGNATURE (Sign in ink)		DATE (mm/dd/yyyy) Today's date	
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)		DATE (mm/dd/yyyy)	
PRINT NAME OF LEGAL REPRESENTATIVE		RELATIONSHIP TO PATIENT	

Regarding the ROI form ...

Please make sure that the date is the correct date the veteran signed the document. The signature must be an ink pen signature. Digital signatures are not accepted.

If the veteran has a private attorney, list the attorney's name and phone number in the appropriate box on Page 1. The attorney must also sign the ROI on the "Legal Representative Signature" line on Page 2. This will allow the VA to share information about enrollment, eligibility and treatment with the private attorney who is present at case staffing.

Regarding the 1010 form ...

Please also complete the 1010 form so the VA can determine eligibility. Make sure you complete all boxes as applicable including the full social security number, dates of service, income and signature.

If the veteran is eligible and enrolled at the Phoenix VA, the Veteran Justice Outreach Specialist (VJO) will be able to report the veteran's information to the court.

Everyone must fill out the 1010 form, even if the veteran is enrolled in another VA; is not enrolled in the Phoenix VA; or is uncertain about their eligibility.

PLEASE RETURN the completed ROI and the 1010 with a signed Motion to Transfer form to the Court listed on your Summons or Complaint.

If you have any questions about this form or any VA information you can contact the following:

Ellyn Black, LCSW, Veterans Justice Programs Specialist Phoenix VAMC
Cell: 602-513-6859 Email: Ellyn.Black@va.gov

Brian D'Agnolo, LICSW, Veterans Justice Programs Specialist Phoenix VAMC
Cell: 480-450-2571 Email: Brian.DAgnolo@va.gov