



**Superior Court of California, County of Sacramento**  
**MILITARY DIVERSION PROGRAM: Application and Instructions**

<b>Step 1:</b>	<p><b>Determine Eligibility and Suitability:</b> You must meet the below eligibility criteria in order to request the Military Diversion Program (MDP), you must:</p> <ol style="list-style-type: none"><li>1. Be charged with a misdemeanor or misdemeanors only;</li><li>2. Be a current or former member of the military, P.C. § 1001.80(a)(1);</li><li>3. Suffer from “sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems” as a result of your military service. (P.C. § 1001.80(a)(2); and,</li><li>4. Consent to being placed in the MDP and agree to waive your rights to a speedy trial.</li></ol> <p>If you meet the eligibility criteria, the court will determine if you are suitable for the program. Factors impacting suitability include, but are not limited to, the veteran’s pending offense, criminal history, willingness to participate, and the seriousness of his or her service-related mental health condition.</p>		
<b>Step 2:</b>	<p><b>Complete and Submit Application:</b> If you meet the eligibility criteria and want to be considered for the MDP, your attorney (or you, if you are representing yourself) must continue your court case out for four weeks to allow for sufficient time to apply for the MDP. As soon as possible, you must work with your attorney to complete and submit the following attached forms: (1) MDP Application; and, (2) Release of information (ROI) form. You must also if applicable and available, attach your DD Form 214, Certificate of Release or Discharge from Active Duty to the application.</p> <p>The application packet must be submitted to the Veterans Justice Outreach (VJO) Specialist by mail or by fax and to the District Attorney’s Office by electronic mail (note: the Court does <u>not</u> need a copy of the application at this step):</p> <table border="1"><tr><td>To: Veterans Justice Outreach Program 10535 Hospital Way (SWS 122) Mather, CA 95655 or by fax: (916) 364-0276</td><td>Scan and email to: DA-VTC-MDP@sacda.org</td></tr></table> <p>The VJO Specialist will complete a review and assessment of your service record, including your medical/health history, and your eligible benefits. A written report with a summary of this information and general treatment recommendations (if known and available) will be sent back to you or your attorney and the prosecutor in the case.</p>	To: Veterans Justice Outreach Program 10535 Hospital Way (SWS 122) Mather, CA 95655 or by fax: (916) 364-0276	Scan and email to: DA-VTC-MDP@sacda.org
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<b>Step 3:</b>	<p><b>Meet and Confer with the Prosecutor:</b> Upon receipt of the report from the VJO or at least one week prior to your scheduled court date, your attorney must confer with the prosecutor in the case to determine if an agreement can be reached regarding your participation in the MDP.</p>		
<b>Step 4:</b>	<p><b>Military Diversion Program Acceptance or Denial:</b> At your scheduled court date:</p> <p>A. <b>If the parties agree to your participation in the MDP:</b> the court will (1) order you to obtain a copy of your treatment plan from your treatment provider(s) and to submit it to the court at your next hearing date; (2) continue your case to Department 4 (in one to four weeks, depending on how much time you need to obtain your treatment plan), to formally approve of your treatment plan and grant your application for the MDP. Once the motion is granted, it will start the time that you will be given to complete the MDP (one to two years). You will be given the “Order of Diversion” form (attached) to sign, indicating your agreement to comply with the program. Thereafter, review hearings will be scheduled in Department 4, so that the judicial officer may get updates on your progress from your treatment provider(s).</p> <p>B. <b>If an agreement can’t be reached regarding your participation in the MDP:</b> you may request that a hearing be scheduled so that the court can review any evidence and render a decision as to your participation. The Court will schedule your case for hearing in a designated department for a decision.</p>		

► This packet includes: (1) MDP Application; (2) Release of Information (ROI) form; and MDP Order of Diversion form



## Superior Court of California, County of Sacramento

### Application For:

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**Military Diversion Program (MDP) -- Penal Code section 1001.8**

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**Veterans Treatment Court (VTC) -- Penal Code section 1170.9**

#### Attorney Contact Information (or defendant to complete this section if not represented by an attorney)

Name:

Address:

City, State, Zip Code:

Telephone No.:

Email Address:

#### Defendant's Name:

Date of Birth:

XRef No.:

Full Social Security No.:

Case No.(s):

#### A. Case information:

1. Date of arrest and charge(s): \_\_\_\_\_
2. Next court hearing: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept. \_\_\_\_\_
3. Custody status: ☐ In-custody ☐ Out-of-custody
4. Housing status: ☐ I have housing ☐ I need assistance with housing ☐ I am homeless

#### B. Military Service Information:

1. United States Military Branch of Service (check all that apply):  
☐ Army ☐ Air Force ☐ Marines ☐ Navy ☐ Coast Guard
2. Years served: Date of entry: \_\_\_\_\_ Date of discharge: \_\_\_\_\_
3. Current Status: ☐ Active ☐ Active Reserve ☐ Inactive ☐ National Guard ☐ Retired
4. If Inactive, discharge type: ☐ Honorable general ☐ Medical ☐ Other than honorable  
☐ Dishonorable ☐ Bad conduct
5. Highest Service Level: ☐ EI ☐ E2 ☐ E3 ☐ E4 ☐ E5 ☐ Other:
6. Have you served in a foreign war or conflict? ☐ Yes ☐ No  
If yes, where and year(s) served: \_\_\_\_\_
7. Military occupational specialty (MOS): \_\_\_\_\_

#### C. Services and Treatment

1. Have you ever accessed U.S. Department of Veterans Affairs (VA) services? ☐ Yes ☐ No  
If yes, what city and state: \_\_\_\_\_
2. Mental condition(s) suffered as a result of military service: \_\_\_\_\_
3. Are you currently receiving any VA treatment: ☐ Yes ☐ No If yes, please list:  
Medical: \_\_\_\_\_  
Mental Health: \_\_\_\_\_  
Substance Use: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

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



\_\_\_\_\_  
(Signature)

**Notice and Submission of Form:**

Submit your completed application to the Veterans Justice Outreach Specialist. You must also attach the following documents:

- ☒ DD Form 214, Certificate of Release of Discharge (if applicable and available)
- ☒ Release of Information (ROI)

You may fax to: (916) 364-0276, Attention Veterans Justice Outreach Specialist; or

Mail to: Veterans Justice Outreach Specialist

10535 Hospital Way (SWS 122)

Mather, CA 95655

Notice: You must also submit a copy of the application and attachments to the prosecutor assigned to your case. Please scan and send an electronic copy to: [DA-VTC-MDP@sacda.org](mailto:DA-VTC-MDP@sacda.org).

REQUEST FOR AND AUTHORIZATION TO  
RELEASE HEALTH INFORMATION

**PRIVACY ACT INFORMATION:** The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VHA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Address of VA Health Care Facility)

Norther CA Healthcare System (NCHCS) Sacramento VA Medical System

10535 Hospital Way, Mather CA 95655

Or any other VHA hospital system where the Veteran has or will receive services.

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

Sacramento County Veterans Court, all affiliated individuals, agencies, attorneys, mentors, jails, Vet Centers and court evaluators.

## 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):

☒ DRUG ABUSE

☐ SICKLE CELL ANEMIA

☒ ALCOHOLISM OR ALCOHOL ABUSE

☐ TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)

## DESCRIPTION OF INFORMATION REQUESTED

Check applicable box(es) and state the extent or nature of information to be provided:

☒ HEALTH SUMMARY (Prior 2 Years)

☐ INPATIENT DISCHARGE SUMMARY (Dates): \_\_\_\_\_

☐ PROGRESS NOTES:

☐ SPECIFIC CLINICS (Name & Date Range): \_\_\_\_\_

☐ SPECIFIC PROVIDERS (Name & Date Range): \_\_\_\_\_

☐ DATE RANGE: \_\_\_\_\_

☐ OPERATIVE/CLINICAL PROCEDURES (Name & Date): \_\_\_\_\_

☒ LAB RESULTS:

☐ SPECIFIC TESTS (Name & Date): \_\_\_\_\_

☒ DATE RANGE: All drug utox screens past and future as deemed relevant by court

☐ RADIOLOGY REPORTS (Name & Date): \_\_\_\_\_

☒ LIST OF ACTIVE MEDICATIONS \_\_\_\_\_

☒ OTHER (Describe): All relevant medical record information needed for determination of court program admission and supervision.

## PURPOSE(S) OR NEED

Information is to be used by the individual for:

☒ TREATMENT

☐ BENEFITS

☒ LEGAL

☐ OTHER (Specify below)

LAST NAME- FIRST NAME- MIDDLE INITIAL		LAST 4 SSN	DATE OF BIRTH
<b>AUTHORIZATION</b>			
<p>I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.</p> <p>I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>			
<b>EXPIRATION</b>			
<p>Without my express revocation, the authorization will automatically expire.</p> <p><input type="checkbox"/> UPON SATISFACTION OF THE NEED FOR DISCLOSURE</p> <p><input type="checkbox"/> ON _____ (enter a future date other than date signed by patient)</p> <p><input checked="" type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): <u>Upon completion/discharge of court program and probation.</u></p>			
PATIENT SIGNATURE (Sign in ink)		DATE (mm/dd/yyyy)	
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)		DATE (mm/dd/yyyy)	
PRINT NAME OF LEGAL REPRESENTATIVE		RELATIONSHIP TO PATIENT	
<b>FOR VA USE ONLY</b>			
<p>TYPE AND EXTENT OF MATERIAL RELEASED</p> <p>VJO will provide summary of progress via written, verbal, telephonic and secured email that is required by court for monitoring of patient progress in treatment and compliance with legal conditions of Veteran Treatment Court participation, inclusive of all relevant medical record information both past and future. Information will include but not be limited to: diagnoses (medical, mental health, and substance/alcohol), relevant labs, medical diagnoses, progress in treatment programming, developmental, social, financial and military data as relevant to court/legal circumstances to the designated court team and additional guests as permitted by authorization. Information will be shared at regular intervals as needed by the Court Team to adequately assess progress of Veteran and compliance with court and probation guidelines. The authorization will expire upon Veteran discharge or successful completion of court program and probation period which may last longer than the court program. Medical record information is subject to review in open court docket.</p>			
DATE RELEASED		RELEASED BY:	



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO**  
**ORDER OF DIVERSION Section 1001.80 of the Penal Code**  
**Military Diversion Program**

<b>Defendant's Name</b>		<b>Xref Number</b>	<b>Case Number(s)</b>
<b>Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Primary Phone</b>	<b>Alternate Phone</b>	<b>Home Court Dept.</b>	<b>Returning Dept.</b>

A complaint having been filed in this court charging the above-named defendant with a violation(s) contained within section 1001.80 of the Penal Code, (Military Diversion Program) and the court having conducted a hearing and the defendant having waived his/her right to a speedy trial and consenting to further proceedings under Chapter 2.5 of the Penal Code:

IT IS HEREBY ORDERED that said defendant be diverted from further proceedings on the charge(s) now filed in this court for the period of 12 - 24 months, and during this time shall:

1. Obey all Laws;
2. Successfully comply with and complete the treatment plan and all its conditions deemed appropriate by the treatment provider(s) and/or the Veteran Justice Outreach specialist (VJO);
3. Attend all court hearings as ordered by the court;
4. Comply with any orders of the court that are associated with your charged crime(s), including, but not limited to: Criminal Protective Orders, no contact orders and stay away orders; and if applicable,
5. Pay victim restitution per section 1202.4 of the Penal Code in the amount of \$\_\_\_\_\_, as ordered.

IT IS FURTHER ORDERED that the defendant shall be responsible for requesting that his/her treatment provider(s) submit a written report to the court on their conduct and progress in treatment and on their compliance with the conditions of this Order of Diversion for each progress review court date scheduled as directed by the court. The defendant may at any time on the court's own motion or upon recommendations of the treatment provider(s), be returned to the court for further hearing and for any order the court deems necessary.

Your failure to comply with all conditions of this order during the diversion period may, after a hearing, result in the court ordering that prosecution be resumed on the charges pending against you.

Upon successful completion of the Military Diversion Program, the court shall dismiss the pending charges in this case pursuant to 1001.80(c) of the Penal Code.

\_\_\_\_\_  
**Deputy Clerk**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Judge of the Superior Court**

**FURTHER CONDITIONS OF THE MILITARY DIVERSION PROGRAM FOR DEFENDANT:**

I understand that my records are protected under the Federal regulations governing Confidentiality of Medical, Alcohol and Drug Abuse Patient records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in regulations. I agree to provide that consent and to execute any further Releases of Information necessary regarding the reporting of my progress as a condition of the Military Diversion Program (MDP). I also understand that I may revoke this consent at any time except to the extent that action has been taken based on it, and that in any event, this consent expires automatically upon the court's acknowledgement of successful completion and dismissal of criminal allegations or the court's ruling of deletion. If consent is revoked, I understand that I must appear at the next scheduled court date and may be subject to deletion from MDP and my criminal proceeding re-instated.

The conditions of the Order of Diversion have been explained to me; I fully understand the conditions and agree to comply with all conditions and the treatment plan (attached). I acknowledge receiving a copy of the order this date.

\_\_\_\_\_  
**Defendant's Signature**

\_\_\_\_\_  
**Date**