



Monmouth County Prosecutor's Office Veterans Diversion Program

**Release of Psychiatric, Psychological, Mental Health Treatment, Substance Abuse, Addiction,
Medical and/or Hospital Information and Records, hereinafter "Release"**

*** All Forms Must Be Filled Out Completely Before Consideration For The Program.**

Please have the defendant read each item listed below, initial page 1, and sign and date page 2.

I, _____, _____, _____, do hereby
(name of defendant) (date of birth) (social security number)
authorize any psychiatrist, psychologist, mental health provider, substance abuse or addiction provider,
physician, hospital, medical attendant, medical provider, or any others to whom this authorization is directed, to
disclose any and all information and/or opinions, orally or in writing, regarding my history, diagnosis and/or
treatment of any psychiatric condition(s), medical condition(s), mental illness, drug abuse, or alcoholism, which
any representative of the Monmouth County Prosecutor's Office Veterans Diversion Program ("Program") may
request.

I acknowledge and am aware that both the State of New Jersey and the United States government have statutory and
other privileges accorded to confidential communications between a patient and a licensed physician,
psychologist and/or other staff involved in providing health care and that my signing this Release waives these
privileges.

I acknowledge and am aware that if my medical records contain information regarding sexually transmitted or
communicable disease, AIDS, or test for infection with human immunodeficiency virus (HIV), this information
will be disclosed as part of the medical record to the person authorized to receive records. By initializing this
paragraph, I am providing written authorization to disclosure of that information.

Initials: _____

I acknowledge and am aware that the uses and disclosures of my health information authorized by this document
may be subject to disclosure by the recipient and may not be protected by privacy and confidentiality laws, but
shall not be distributed to persons not associated with the Program. Possible persons/entities associated with the
Program include but are not limited to Superior Court Judges, the Public Defender's Office, Private Defense Attorneys,
the US Attorney's Office, Law Enforcement, the Probation Department, Monmouth County Jail, Community Mental
Health representatives, Veterans Mentor Coordinator, Veterans Mentors, Veterans Administration and Community
Mental Health program providers.



Monmouth County Prosecutor's Office *Veterans Diversion Program*

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I acknowledge and am aware that this information is to be used solely for acceptance into and continued participation in the Program. If I am not accepted or am terminated from the Program, any information including any statements made by me or evidence derived therefrom shall not be used in any traditional criminal proceeding against me, unless said records are obtained by separate release or court order.

I acknowledge and am aware that I may revoke this Release at any time by sending written notice to the Program and any or all of the providers who have released information to the Program, except to the extent that the Program or any or all of said providers has already taken action in reliance on it I understand that revocation of any release will result in immediate termination from the program. If not previously revoked, this consent will terminate in **three (3) years** from the date of execution.

I acknowledge and am aware that participation in the Program is conditioned upon signing this Release. I understand I will no longer be eligible for the program if I do not sign or I revoke this Release.

Any photocopy of this authorization shall have the same force and effect as the original.

Defendant's Signature : _____ Date: _____

OR

Signature of Defendant's Legal Guardian : _____ Date: _____

Defense Counsel's Name: _____

Signature: _____ Date: _____

Assistant Prosecutor's Name: _____

Signature: _____ Date: _____

Defendant's Phone Number(s): Home _____

Work _____

Cell _____



Monmouth County Prosecutor's Office Veterans Diversion Program Acknowledgements

I am applying to participate in the Monmouth County Veterans Diversion Program. I acknowledge and fully understand that my acceptance into the Program, as well as termination from and successful completion of the Program, is at the sole discretion of the Monmouth County Prosecutor's Office. I acknowledge and fully understand that I have no right to appeal any determination made in this matter by the Monmouth County Prosecutor's Office.

I acknowledge and am aware that I can terminate this process by informing the Program in writing that I do not want to be further considered for acceptance.

I acknowledge and am aware that if I am accepted into the Program I may be required to:

- Take medications as prescribed
- Submit to medication monitoring
- Submit to random drug screening
- Attend therapy and counseling as directed
- Maintain a certain residence
- Not have direct or indirect contact with specific persons or places
- Not commit any new offenses
- Not possess any weapons and
- Agree to or fulfill other conditions as may be required by the Program, Mental Health Providers, Substance Abuse Providers, Prosecutor or Judge

I acknowledge and am aware that during this application process, and if I am accepted into the Program, any and all applicable time limits of traditional prosecution, including any Speedy Trial requirements, will be tolled. I further understand that should I be terminated from the Program for any reason, the tolling of any and all applicable time limits will also terminate and the criminal case against me shall proceed in the traditional course.

I acknowledge that if I am accepted into the Program, the time period in which I will be required to participate in the program will not guarantee my acceptance into the Program. The maximum time period I may be required to participate in the Program will be two years from the date of acceptance into the Program. The time that I will be required to participate in the program will be determined by the Monmouth County Prosecutor's Office in concert with my treatment team, who will continually evaluate my progress during my participation in the Program.

I acknowledge and am aware that information about my case may be used for statistical purposes to evaluate the Program, but that any information for evaluation of the Program will be anonymous.

I acknowledge and am aware that during the application process, and if I am accepted into the Program, I must continue to attend all scheduled criminal or other court appearances for which I received proper notice. I acknowledge that if I fail to appear for any court proceedings for which I have received proper notice, a warrant for my arrest may be issued. I understand that if I move, it is my duty to ensure that I provide the court, Program and my treatment providers my most up-to-date address.

Defendant's Signature : _____ Date: _____

Defense Counsel's Name: _____

Signature: _____

Assistant Prosecutor's Name: _____

Signature: _____