

How To Apply To The Kane County Veterans Treatment Court (KCVTC)

1. Fill out the KCVTC Application with the veteran and go over the Consent to Participate.
2. List the veteran's address and telephone number at the bottom of the application. If the veteran is in jail, write that on the application. It is very important that the address and phone number are accurate on the application or the process will be delayed significantly.
3. The veteran MUST be a Kane county resident to apply to the program.
4. Submit the completed application to the Presiding Judge for KCVTC on the next Veteran Court call and obtain a 3 week continuance for status on admission.
5. Advise the veteran that a member of the KCVTC staff will interview him/her about their drug/alcohol history and/or mental health history and will conduct an assessment before the next date.
6. Before the veteran can enter the KCVTC program, the KCVTC team will review the application and assessment and determine if it is appropriate for the veteran to be admitted into KCVTC. The results of this determination will be communicated to the veteran's attorney.
7. Advise your client that if he/she is approved and the treatment recommendation is inpatient residential treatment, he/she may remain in jail until a bed is available at a residential facility.
8. After submission of the application in court, if the veteran is out of custody, take him/her to Adult Court Services on the first floor of the Judicial Center with a copy of the completed application and set an appointment for the interview/assessment with the KCVTC Coordinator.

A copy of the KCVTC Participant Handbook is available for reference in the Kane County Law Library.

Defendant _____ Number _____

APPLICATION FOR ADMISSION TO THE
KANE COUNTY VETERANS TREATMENT COURT

I, _____, having a date of birth of _____, and
having read the Consent to Participate approved for KCVTC, represent as follows:

1. I understand the terms of the Consent to Participate.
2. I have reviewed the Consent to Participate with my attorney,
_____(Name of attorney).
3. I am a resident of Kane County, Illinois.
4. I am currently charged with an offense of _____, a Class _____
felony/misdemeanor (circle one).
5. I am/am not (circle one) currently being held in the Kane County Jail.
6. I am in need of treatment for: _____Mental Health/_____Substance Abuse
(check one or both, if applicable)
7. I want to participate in and successfully complete treatment through
the KCVTC and am willing to follow all treatment recommendations.
8. If accepted, I will sign the Consent to Participate and abide by all of
its terms.

Defendant/Applicant

Attorney for Defendant/Applicant

Date: _____

VETERAN'S ADDRESS: _____

CITY: _____

PHONE: _____