**INTRODUCTION**

The Bucks County Veterans Treatment Program is established by the Bucks County District Attorney’s Office to more effectively address the needs of veterans cycling through the county court, probation and parole, and prison system. The treatment court represents a collaborative effort between the Criminal Division of the Bucks County Court of Common Pleas, The District Attorney’s Office, The Public Defender’s Office, the Bucks County Bar Association, the County Department of Veterans Affairs and the United States Department of Veterans Affairs.

**MISSION**

The mission of the Veterans Treatment Program is to enhance public safety and reduce recidivism of criminal defendants who are veterans by connecting them with VA benefits, treatment services and veteran services supports and to find appropriate dispositions to their criminal charges by considering the defendant’s treatment needs against the seriousness of the offense(s) and the impact of the crime on the victim and the community.

**GOALS**

1. Connect veteran defendants with appropriate mentor who will guide the Veteran in getting appropriate VA benefits, treatment, and support services. (veteran-specific resources).
2. Reduce the amount of time the Veteran will be exposed to the criminal justice system.
3. Reduce the amount of time the defendant will spend in custody by moving them expeditiously into appropriate treatment settings.
4. Promote employment and other services provided by veterans’ services.
5. Re-establish veteran defendants as productive members of their communities.

**PROGRAM DEFINITION OF ELIGIBLE VETERAN**

An eligible veteran is defined as a Bucks County resident who is a veteran of the United States Armed Forces who meets the eligibility criteria delineated on the following pages. The veteran must submit, along with their application, a certified copy of their DD Form 214.

**ELIGIBILITY CRITERIA**

The District Attorney’s Office will review all applications for eligibility, subject to a case-by-case review. Eligibility assessment includes a review of the defendant’s criminal history, consultation with the victims of the defendant’s
crimes, legal eligibility, and a review of eligibility of the offender (including a review of applicant’s veteran status and documentation that the defendant suffers from a service related disorder). An application must be submitted to the DA’s Office for every eligible Veteran interested in entering this voluntary program.

The Veterans Treatment Program is limited to defendants who are eligible for VA benefits, as determined by the Veteran’s Administration. In order to participate in Veterans Treatment Program, the defendant must be a veteran who is diagnosed with one or more of the following service related ailments:
- Traumatic Brain Injury (TBI)
- Post Traumatic Stress Disorder (PTSD)
- Military Sexual Trauma (MST), or
- Psychological and/or substance abuse problems requiring treatment.

Veterans with substance abuse disorders may also be evaluated and eligible for placement into the county Drug Treatment Program. Defendants will access the full range of services available through the United States Veterans Affairs Office.

EXCLUSIONARY CRITERIA
While each case is to be considered individually, the following offenses will typically be excluded from the program:
- Felony sex crimes
- Felony Crimes of violence
- Crimes committed with a Firearm
- Felony Drug Offenses
- Defendant with any unresolved out of county charges are not eligible. It is the responsibility of the offender and his counsel to resolve these matters before admitted into the Bucks County Program.
- Homicide in any form will not be considered under any circumstances

STRUCTURE/MODEL
The Bucks County District Attorney’s Office will accept referrals for the Bucks County Veterans Treatment Program after criminal charges have been filed and the case is forwarded to the Bucks County Court of Common Pleas for further disposition. Referrals will also be accepted by the District Attorney’s Office for criminal defendants who are before the Court of Common Pleas for alleged violations of existing probation/parole sentences. All

Veterans must submit an application regardless of where they are currently situated in the criminal justice system. The District Attorney’s Office will not turn away an eligible veteran for not entering the program prior to the preliminary hearing stage of the criminal proceedings.

APPLICATION AND REFERRAL PROCESS
Participation in Veterans Treatment Program is voluntary. Informed consent will be obtained for evaluation and consideration into the program by the District Attorney. Applications for the Veterans Treatment Program will be available at all Bucks County Magisterial District Courts, The Bucks County District Attorney’s Office and online at the District Attorney’s Office website.

All parties will share the common goal of helping participants be successful in treatment and in avoiding future criminal recidivism.

All Applications and referrals must be directed to the District Attorney’s Office
Upon receiving an application from a veteran defendant, the District Attorney’s Office will contact the defense attorney for that veteran and make arrangements for that defendant to be assigned a volunteer mentor from the local Veteran’s Administration. Should the defendant/veteran not have defense counsel, the District Attorney will contact the Office of the Public Defender and/or the Bucks County Bar Association to advise them that a defendant/veteran interested in entering the program is in need of counsel. The District Attorney and the veteran defendant will agree to continue the defendant’s preliminary hearing one time, pending the assignment of a mentor and appointment of counsel.

ROLES OF THE DECISION MAKING TEAM
COUNSEL FOR THE DEFENDANTS
The Public Defender’s Office has agreed to assign counsel for eligible defendants in the Veterans Treatment Program. Conflict counsel can also be used for veteran defendant representation. Members of the Bucks County Bar Association have agreed to represent eligible Veterans Treatment Program defendants pro bono. Counsel will be required to find treatment resolutions for the defendant that will minimize the defendant’s exposure to incarceration, reduce the risk for recidivism, and to mitigate the consequences of a criminal conviction. Counsel must remain mindful of his client’s constitutional rights as a criminal defendant.
Participation in Veterans Program will require the waiver of the defendant’s preliminary hearing. During the initial consideration period, the primary mechanism for supervision and compliance with recommended treatment will be through the imposition of bail conditions.

Post Preliminary Hearing
After the preliminary hearing is waived, but prior to the Court of Common Pleas date, the defendant veteran (with the assistance of counsel and a Veteran mentor) is required to provide the District Attorney’s Office with evaluations and records demonstrating diagnosis and treatment compliance.

VOLUNTEER MENTORS

Role Description and Purpose
The role of the volunteer mentor, assigned by County Department of Veteran’s Affairs, is to act as a guide, a role model, an advocate and a support for the defendant veteran they are working with. The mentor will assist the veteran and the veteran’s defense attorney to help determine what the veteran’s needs are and support the defendant veteran through the criminal justice system. The Bucks County District Attorney’s Office will advise the Department of Veteran’s Affairs when a defendant/veteran is in need of a volunteer mentor.

Requirements to be a Veterans mentor include:
- Must be a veteran of one of the branches of the Unite States Armed Forces, including the Army, Air Force, Navy, Marine Corp, Coast Guard or their corresponding Reserve or Guard branches
- Adhere to policies and procedures of the Veterans Treatment Court
- Commit to Program Participation for one year
- Undergo a background investigation

The duties and responsibilities of the Volunteer mentors include:
- Attend all scheduled court sessions
- Assist the defendant veteran with the application and screening process
- Be supporting and understanding of the needs of the defendant veteran
- Assist defendant veteran with their interactions with the Veteran’s Administrative system concerning court ordered treatment
- Assist other mentors involved in the program
- Follow through with each defendant veteran until completion of the program

PROGRAM PARTICIPATION

PRE-TRIAL CONFERENCE
Prior to the trial date, the defendant, defendant’s counsel, and defendant’s mentor will meet with the District Attorney and discuss the terms of the negotiation to be recommended should the defendant remain in compliance and successfully complete the program. All terms of the bail should be fully discussed and agreed upon before reducing the agreement to writing for review by the Criminal Court Judge.

FORMAL ADMITTANCE INTO THE PROGRAM

Formal admittance into the program will occur once the veteran enters a plea or is placed into the A.R.D. program. All Veterans Treatment Program cases will be heard at call of the list in the Bucks County Court of Common Pleas on the second Tuesday of each trial term.

When the defendant is formally accepted into the Veterans Treatment Program, the defendant must enter a plea to certain agreed upon charges, or be placed into the A.R.D. program if otherwise eligible, and admit to the acts leading to criminal prosecution. Thereafter the defendant will continue with treatment as directed, perform community service as directed, and perform any other condition of bail or A.R.D. as directed by the Common Pleas Judge hearing his or her case. Conditions will be specifically outlined by the program agreement and signed by the defendant and his counsel.

SENTENCING

Sentencing may be deferred pending completion of the Veterans Treatment Program. Upon successful completion of the program, the defendant’s charges may be reduced or withdrawn altogether. (ARD; Section 117 or 118; Negotiated Guilty Plea – charge reduction; Victim Impact Panel; Nolle Prosse, are examples of the ultimate dispositions of the defendants’ criminal cases). Defendant will be required to sign a waiver of timely sentence requirement in cases where the sentencing is to be continued for more than 90 days.
POST-PLEA CONFERENCE
The defendant, defense counsel, and mentor will meet with after the plea date with the assigned District Attorney prior to the sentencing date to ensure the defendant is in compliance with the conditions of bail. The defendant will be required to continue to cooperate with their volunteer mentor, follow through with the Veterans Administration treatment and recovery plan, continue to take all prescribed and necessary medications, work towards getting stable housing, employment, pursuing an education, and remain drug and alcohol free. Should the defendant not be in compliance with the conditions of bail, any party can move to have a bail hearing before the Court to determine whether any of the below listed sanctions are necessary.

Sanctions could include:
- Increased Treatment
- Additional community service
- Increased reporting to probation officer or mentor
- Brief incarceration
- Increased pre-sentence supervision time
- Termination from the Program

SENTENCING DATE / COMPLETION OF PROGRAM
The sentencing date should be scheduled approximately six months after the trial date.

At the time of the sentencing date, if the defendant veteran has complied with all terms of his bail, including community service, treatment and counseling, and the payment of restitution and court costs, he or she may be discharged from the program. At that point, the terms previously negotiated between the defendant and the District Attorney’s Office would be put into effect: amended charges, agreement as to sentence, ARD, Section 117 or 118, 586 settlements, *nolle prossed*, etc. This program is designed to help returning veterans with issues related to their war service, for their own protection, and the protection of the community, while at the same time, ensure that these eligible defendants are held responsible for their crimes.

CORRECTIONAL FACILITY
One of the goals of the Veteran’s Treatment Program is to keep these returning war veterans out of jail. However, where there is non-compliance of the program or where a veteran defendant commits a new offense, incarceration may be warranted. Where incarceration is warranted either pending the disposition of the case or as a result of the negotiated agreement upon completion of the program, the Correctional Facility will assist in the appropriate diversion of defendants to serve in day reporting programs, house arrest, work release, and other community corrections programs.

BASIC PROGRAM OUTLINE
1. Crime is Committed
2. Criminal Complaint is Filed
3. Preliminary Arraignment is held (if not filed by summons)
4. Preliminary Hearing is scheduled
5. Preliminary Hearing is continued by Agreement of the Veteran
6. Application by the Veteran to the District Attorney / DD Form 214
   a. Defense Counsel
   b. Veteran Mentor (to be assigned by non-county government agency)
   c. Veteran’s Administration
      i. Diagnosis of Disorder for Eligibility
      ii. Determine VA Benefits Eligibility
      iii. Begin Treatment Program
7. Background Investigation as to Eligibility (by the District Attorney if necessary)
8. Waive the Preliminary Hearing
9. Negotiation Conference with DA/defense attorney/defendant/mentor
10. Trial Date: Defendant enters plea, A.R.D. enters into program by signing agreement (on a case by case basis, the DA will allow the defendant to enter a supervised ARD on this date subject to pre-conditions)
    a. Agreement outlines all standards necessary for compliance
       i. Continue with Treatment as directed by VA
       ii. Take Medications as directed
iii. Remain alcohol and drug free
   iv. Pay restitution and costs
   v. Complete community service
   vi. Remain in contact with mentor
   vii. Meet with adult probation as needed/directed
b. Sentencing is deferred for six months (via waiver by the Veteran)
c. Post plea conference is scheduled
   i. In compliance (move forward with sentencing date)
   ii. Not in compliance (schedule a court date/continue sentencing)
      1. Sanctions that can be recommended:
         a. Reprimand from the Court
         b. Increased treatment
         c. Increased reporting to mentor or adult probation
         d. Drug testing
         e. Reading and/or Writing Assignments
         f. Increased community service
         g. Brief incarceration
         h. Termination from the program

11. Sentencing
   a. Defendant fully compliant –
      i. Terminate from the program and sentence in accordance with
         terms of the negotiation
   b. Defendant not fully compliant –
      i. Continue sentencing (1) time to demonstrate compliance
      ii. Terminate from the program, defendant to be sentenced, District
         Attorney will not be bound by the prior terms of the negotiation.

12. Termination after successful Completion of Sentence
   a. Includes successful completion of any parole or probationary term
      imposed by the court in accordance with the terms of the negotiated
      agreement
BUCKS COUNTY
VETERANS TREATMENT PROGRAM
APPLICATION

NAME ______________________________________________________          DOB ____________________________________

SSAN ______________________________________________________

ARE YOU A VETERAN   YES □  NO  □  BRANCH OF SERVICE: _________________________________________________

BUCKS COUNTY RESIDENT? YES □  NO  □

ARE YOU ELIGIBLE FOR VA BENEFITS?   YES □  NO  □

DATES OF SERVICE: ______________________________________________________________________________________

SERVICE IN COMBAT THEATER OF OPERATIONS?  YES □  NO  □

WHERE DID YOU SERVE: __________________________________________________________________________________

WHAT WAS YOUR RANK: _________________________________________________________________________________

NATURE OF DISCHARGE: HONORABLE □ DISHONORABLE □ GENERAL □ OTHER □

DO YOU HAVE A CERTIFIED COPY OF YOUR DD FORM 214?   YES □  NO  □

DID YOU SERVE IN COMBAT?  YES □   NO  □  WHERE? ______________________________________________________________________________________

WHAT WAS YOUR PRIMARY JOB DESCRIPTION WHILE IN THE SERVICE?

HIGHEST LEVEL OF EDUCATION COMPLETED?
GED □  H.S. GRAD □  COLLEGE □  COLL. GRAD □

DO YOU HAVE A VALID DRIVER’S LICENSE? YES □   NO  □

STATE OF ISSUE _______________________ D.L. NUMBER __________________________

CURRENT OCCUPATION OR EMPLOYER: NAME, ADDRESS, PHONE NUMBER, SUPERVISOR

MARITAL STATUS: MARRIED □  DIVORCED □  SINGLE □  RELATIONSHIP □

DO YOU HAVE CHILDREN? YES □  NO  □  IF YES HOW MANY/AGES

DO YOUR CHILDREN LIVE WITH YOU?  YES □  NO  □  IF NO WHERE AND WITH WHOM DO THEY LIVE?

DO YOU HAVE AN AXIS I DIAGNOSIS AS DIAGNOSED BY THE OFFICE OF VETERAN’S AFFAIRS? YES □  NO  □

IF YES EXPLAIN:

PHYSICIAN: ______________________________________________________________________________________________

DATE OF DIAGNOSIS: ______________________________________________________________________________________

CURRENT MEDICATIONS:

HAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:

POST TRAUMATIC STRESS DISORDER (PSTD) □  WHEN?

TRAUMATIC BRAIN INJURY? □  WHEN?

MILITARY SEXUAL TRAUMA? □  WHEN?

SERVICE RELATED PSYCHOLOGICAL OR SUBSTANCE ABUSE? □  WHEN?
PLEASE SPECIFY:

WHERE HAVE YOU ATTENDED TREATMENT? (AGENCY, ADDRESS, THERAPIST NAME)
(PLESE LIST ALL INPATIENT AND OUTPATIENT FACILITIES OR HALF-WAY HOUSES)

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE? YES □ NO □ IF YES, EXPLAIN:
(PLEASE INCLUDE SUBSTANCES ABUSED, FREQUENCY OF USE, AGE WHEN BEGAN USE, LAST USE):
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED, CITED OR HELD BY ANY LAW ENFORCEMENT OR
JUVENILE AUTHORITIES IN THE UNITED STATES REGARDLESS OF WHETHER THE CITATION WAS DROPPED OR
DISMISSED OR YOU WERE FOUND NOT GUILTY OR WHETHER THE RECORD HAS BEEN EXPUNGED OR SEALED
OR OTHERWISE STRICKEN FROM COURT OR POLICE RECORDS, ON ANY OCCASION, OTHER THAN THIS ARREST?
NO □ YES □ IF YES, EXPLAIN:
(INCLUDE NATURE OF ARREST, DATE WHEN ARRESTED, THE JURISDICTION WHERE YOU WERE ARRESTED,
AND THE DISPOSITION OR OUTCOME OF YOUR CASE).
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

ARE YOU CURRENTLY ON BAIL ON ANY OTHER CRIMINAL MATTER IN THIS OR ANY OTHER JURISDICTION?
YES □ NO □ IF YES, EXPLAIN:
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

BY SIGNING THIS APPLICATION, I AM INDICATING THAT I HAVE READ, OR HAD READ TO ME AND FULLY UN-
DERSTAND THE VETERANS TREATMENT COURT DESCRIPTION. I FURTHER UNDERSTAND THAT I SHOULD
ENLIST THE ASSISTANCE OF LEGAL COUNSEL PRIOR TO MY PRELIMINARY HEARING DATE. I UNDERSTAND
AND AGREE THAT I AM VOLUNTARILY ENTERING THIS PROGRAM AND WILL WORK WITH MY LAWYER AND
MENTOR TO SUCCESSFULLY COMPLETE THE TREATMENT AND ALL CONDITIONS NECESSARY TO COMPLETE
THE PROGRAM SUCCESSFULLY.

SIGNATURE: ________________________________  DATE: ___________________________