

Hunt County Veterans Pretrial Diversion Program

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G. Calvin Grogan, V
County Attorney



Wiley Hollopeter
Program Administrator

Paige Ashley
Program Coordinator

ATTORNEY CONSENT FOR CLIENT TO PARTICIPATE IN VETERANS PRETRIAL DIVERSION SCREENING PROCESS

Defendant: _____,
(client's printed name)

DOB: _____

Attorney of Record: _____
(attorney's printed name)

As attorney of record for the said _____, I give my permission and consent for said interview or interviews to be conducted by the Hunt County Veterans Pretrial Diversion staff with my client for the purpose of determining eligibility for participation as well as the mental health treatment and support services that are needed if he/she is accepted into program.

VPT treatment and support services may include referral services to governmental, private, community-based or non-profit providers: Enrollment in the Veterans Pretrial Diversion program; Enrollment in the Veterans Administration (VA) Health Care network; Enrollment in Lakes Regional MHMR system; Case Management; Access to continued or new treatment by a mental health provider; Transportation; Employment; Support Groups; Twelve-Step Programs; Community Service Participation Programs; Veterans Services Organizations; VA-coordinated Mentoring Programs.

As attorney of record for the listed client above, I also understand the need for said Releases and Consents to be obtained from my client in order for the Veterans Pretrial Diversion program to provide needed services, and

_____ I **will** participate in the meeting where my client will be presented with these forms;

_____ I **will not** participate in the meeting where my client will be presented with these forms; however, I give my consent and permission for the Veterans Pretrial Diversion staff to meet with my client without my being present at said meeting;

Attorney at Law

State Bar No.

Client/Applicant

Date

Phone #

Date