

Knox Recovery Court
Knox County Veterans Treatment Court

900 E. Hill Ave., Suite 480, Knoxville, TN 37915
Fax 865-522-0567 • Phone 865-659-6352 • RonH@KnoxDrugCourt.org



Program Application and Consent for the Release of Confidential Information

Last Name

First

Middle

Phone

Address

Previous Names: (including maiden, nicknames, aliases, etc)

Date of Birth

Probation Officer

Originating Court

Next Court Date

Veteran Yes No

I, _____, IDN, _____, would like to apply for admission into the Knox Recovery Court/Knox County Veterans Treatment Court and hereby consent to communication between:

The Knox Recovery Court/Knox County Veterans Treatment Court, **And**

Applicant's Attorney Name

Attorney's Phone #

Fax #

Knox County General Sessions Court
Tennessee Criminal Court Knox County
Tennessee Board of Probation and Parole
Knox Co. Probation and Pretrial Release

Knox County Attorney General
Knox County Public Defender's Office
Knox County Attorney General

U. S. Probation
CAPP

The purpose of and need for the disclosure is to inform the agency(ies)/Individual(s) listed above of admission recommendation into the program. The extent of information to be disclosed is interview date, admission recommendation, admission date, and place of residence upon admission.

I understand that this consent will remain in effect until there has been a formal and effective decision about my acceptance into the Knox Recovery Court/Knox County Veterans Treatment Court.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

Date

Signature of Applicant

Signature of Defense Counsel

Place in Release Section

4/11/2023