

**Knox Recovery Court**  
**Knox County Veterans Treatment Court**  
 900 E. Hill Ave., Suite 480, Knoxville, TN 37915



**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 \_\_\_\_\_

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	Knox County Attorney General	U. S. Probation
Tennessee Criminal Court Knox County	Knox County Public Defender's Office	CAPP
Tennessee Board of Probation and Parole	Knox County Attorney General	
Knox Co. Probation and Pretrial Release		

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