

FIRST JUDICIAL CIRCUIT OF ILLINOIS
WILLIAMSON COUNTY
DRUG/VETERANS COURT

CONFIDENTIALITY STATEMENT FORM

I _____, as a participating member or guest of the Williamson County Drug/ Veterans Court, duly recognize my responsibility to the confidentiality of the Veterans Court program, and do hereby agree:

1. Any information discussed at a team meeting/Staffing shall remain confidential and will not be revealed to anyone.
2. Names of Drug/Veteran Court participants will disseminated to team members * only.
3. Any information gathered during a 4th Amendment waiver search will be shared with team members * only, unless it relates to evidence of a new crime.
4. Photos, Drug/Veterans Court files and addresses of Drug/Veterans Court participants will remain confidential, to be used by the Drug/Veterans Court Team members only.
5. Warrants of Arrest are not confidential.

Signed: _____

Date: _____

Note: This form is necessary in order to comply with State and Federal Regulations governing Confidentiality of records.

Team members include: Judge, State's Attorney, Public Defender, Private Attorney, Law Enforcement, Probation Personnel, Veterans Justice Outreach, Treatment providers.