



Dallas County Criminal Justice Department  
Pre-Trial Diversion Referral Form

Date of Referral: \_\_\_\_\_ Current Court: \_\_\_\_\_ 2nd Referral? YES/NO

Referred by:  ADA  Defense Attorney  Self  Other: \_\_\_\_\_

**Defendant Information**

Defendant Name \_\_\_\_\_  
(Last) (First) (Middle)

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

Language:  English  Spanish  Other \_\_\_\_\_

Defendant email: \_\_\_\_\_

Defendant mobile: \_\_\_\_\_

**Case and Charge Information**

Felony Case # \_\_\_\_\_ Offense \_\_\_\_\_

Felony Case # \_\_\_\_\_ Offense \_\_\_\_\_

Felony Case # \_\_\_\_\_ Offense \_\_\_\_\_

Pending Misd Case # \_\_\_\_\_ Offense \_\_\_\_\_

Pending Misd Case # \_\_\_\_\_ Offense \_\_\_\_\_

Bond  Jail  If Jail, Book In No. \_\_\_\_\_

**Defense Attorney Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please send this entire packet to [Jaildiversion@dallascounty.org](mailto:Jaildiversion@dallascounty.org).

New/updated contact information should be sent to [jaildiversion@dallascounty.org](mailto:jaildiversion@dallascounty.org).



**DEPARTMENT OF CRIMINAL JUSTICE  
AUTHORIZATION FOR ASSESSMENT  
PRETRIAL DIVERSION**

Defendant Name:	Jail Tower:
Book-in Number:	AIS Number:
DOB:	Age:
Race/Ethnicity:	Sex:
Email:	Phone: <span style="float: right;">Alt No.:</span>

**Authorization by Defense Attorney**

I acknowledge that I was contacted by the Dallas County Criminal Justice Division and that I agree that my client identified above may proceed to be assessed by the Dallas County Criminal Justice Division in order to be considered for possible case diversion.

Attorney Printed Name:	Signature:
TX Bar Number:	Date:
Attorney Email:	Attorney Phone:

**Authorization by Defendant**

I waive my rights of confidentiality and authorize any Dallas County Criminal Justice Department personnel to request and receive information or records from any person including myself, or any agency identified below having information or records concerning my medical, psychological or psychiatric history and any information or records pertaining to diagnosis, condition or treatment of a medical, psychological or psychiatric nature including acquire immune deficiency syndrome (AIDS), human immunodeficiency viral infection (HIV) or any AIDS related complex.

I further waive my rights of confidentiality and authorize below agency, doctor, hospital, or treatment facility to disclose any and all information or records requested by any Dallas County Criminal Justice Department personnel.

- |  |  |
|--|--|
| <input type="checkbox"/> Dallas County Criminal Justice Dept.    | <input type="checkbox"/> Parkland                            |
| <input type="checkbox"/> MetroCare                               | <input type="checkbox"/> Social Security Administration      |
| <input type="checkbox"/> North Texas Behavioral Health Authority | <input type="checkbox"/> Veteran's Administration            |
| <input type="checkbox"/> ADAPT                                   | <input type="checkbox"/> Metro Dallas Homeless Alliance      |
| <input type="checkbox"/> The Bridge                              | <input type="checkbox"/> Emergency/Alternate Contact         |
| <input type="checkbox"/> Texas Dept of Health and Human Services | <input type="checkbox"/> Homeless Management Information     |
| <input type="checkbox"/> U.S. Dept of Housing & Urban            | <input type="checkbox"/> The Cottages at Hickory Crossing    |
| <input type="checkbox"/> Dallas Housing Authority                | <input type="checkbox"/> Efforts to Outcomes Data Base (ETO) |
| <input type="checkbox"/> UT Southwestern Medical Center          | <input type="checkbox"/> IPS                                 |
| <input type="checkbox"/> Nexus Recovery Center                   | <input type="checkbox"/> Homeward Bound                      |

Family: Phone: Relationship:

Family: Phone: Relationship:

Family: Phone: Relationship:

Other: Phone: Relationship:

Other: Phone: Relationship:

Physician: Phone: Fax:

I further waive my rights of confidentiality and authorize Dallas County Criminal Justice Department personnel to disclose any and all acquired information or records to the following:

1. The Judge having authority over my case and the personnel of the Court.
2. Other Dallas County Community Supervision and Corrections Department involved in the supervision and maintenance of my supervision file.
3. Personnel of any department to which my case may be transferred for supervision.
4. Personnel of any residential facility in which I may be placed, including the Dallas County Judicial Treatment Center.
5. Personnel of any institution facility to which I may be committed.
6. Personnel of any treatment/diagnostic program to which I may be assigned.
7. Personnel from the District Attorney's office.
8. My attorney of record.
9. Texas Department of Criminal Justice, Community Justice Administrative Division.

I understand one purpose of, and need for, this disclosure is to inform the Dallas County Criminal District Attorney's Office and my Attorney of Record of my **eligibility** for pre-trial intervention diversion programs or post indictment plea bargain offers, including treatment recommendations. This information may be released through verbal, written or electronic communication.

I understand **the assessment will be made available to** the Dallas County Criminal Justice Department, the Dallas County Criminal District Attorney's Office and my Attorney of Record; however, should any facts pertaining to the underlying offense be disclosed during the assessment, such facts shall be redacted from the assessment and not be made available to the State nor shall such facts be used in the prosecution of the case.

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

I have read or have had read to me the terms and conditions of this agreement and fully understand same. I do hereby freely, knowingly, and intelligently agree to those terms and conditions.

**EMERGENCY/ALTERNATE CONTACT**

In the event of an emergency, or in the event that Criminal Justice Department is unable to contact me, I authorize Criminal Justice Department to contact the person below:

NAME:

RELATIONSHIP:

PHONE:

ADDRESS:

**Right to Revoke**

I understand that I may revoke this authorization in writing at any time, except to the extent that the Department of Criminal Justice has relied on this authorization to use or disclose my information for the purposes solely disclosed above.

This authorization is valid for 1 year from the date it is signed. This authorization will expire on

Signature \_\_\_\_\_ Date:

**Notice to Prohibit Re-disclosure of Confidential Information**

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



# **Dallas County**

## **Department of Criminal Justice**

### **Consent for Referral for Recovery Coaching Support**

The Dallas County Criminal Justice Department has received grant funding from the Bureau of Justice Assistance to fund full-time Recovery Coaches with the Association of Persons Affected by Addiction (APAA). Information tracked will only be regarding if there has been engagement with recovery coaching services. This information will not be shared with the court and is for grant reporting purposes only.

The aim of this grant project is to provide increased recovery support for any individual being referred for pretrial diversion and for those entering a pre-adjudicated specialty court. A Recovery Coach is an individual with lived experience who is active and stable in their recovery.

The attached consent form is included to allow the Dallas County Criminal Justice to refer the defendant to APAA for recovery coaching support. This consent is optional. If a defendant elects not to consent, this will not impact his/her assessment or referral process for diversion consideration.

If defendant elects to consent, referral, and engagement information with APAA will be tracked for the purposes of grant reporting only. No identifying information will be shared or reported to the grant. No personal information that is discussed with the defendant and the recovery coach will be reported back to the Criminal Justice Department.

# Vision

We envision a world community that understands addiction and mental health conditions affect the mind, body, and spirit, is free from the stigma associated with addiction and mental health, and supports prevention, treatment, wellness, and recovery.

# Mission

To educate all segments of the community about the nature of addiction and mental health recovery, and provide recovery support services to individuals, families, and the community.

## CORE VALUES

- ▶ Commitment to recovery & sobriety
- ▶ Sustainability of a drug & crime-free lifestyle
- ▶ Accountability for our actions with medical & mental health
- ▶ Courage to do what is right
- ▶ Willingness to be of service to others
- ▶ Positive regard for others, especially the vulnerable
- ▶ Diversity & inclusion in all that we do

📍 APAA Recovery Community Center  
3116 Martin Luther King Jr. Blvd.  
Dallas, Texas 75215

MLK & Malcom X  
2800 Martin Luther King Jr. Blvd.  
Dallas, Texas 75215

Kaufman  
501 West High Street  
Terrell, Texas 75160

☎ 214-634-APAA (2722)

🖱 [apaarecovery.org](http://apaarecovery.org)



# Anniversary



THE FIRST ACCREDITED RECOVERY COMMUNITY ORGANIZATION IN THE STATE OF TEXAS



# About APAA

## WHO WE ARE

APAA is a non-profit organization providing recovery support services to individuals in or seeking recovery from substance use, mental health, and co-occurring challenges. We are a peer-driven and peer-led recovery community organization that offers services and recovery management and promotes volunteerism within the recovery community.

APAA supports the many paths and roads to recovery. Recovery support services are customized to help individuals maintain gains made after formal and traditional treatment. Recovery coaches and peer mentors provide guidance, encouragement, hope, and support to sustain long-term recovery.

APAA is not a treatment program.

## WHAT IS RECOVERY?

Recovery is a journey of change through which an individual improves health/wellness in a community of their choice while striving to live a meaningful life to achieve their full potential.

# Recovery Community Support Services

## PEER DRIVEN & PEER LED RECOVERY MANAGEMENT

- ▶ Health, Wellness, & Recovery Focus
- ▶ In-Person & Virtual Peer-to-Peer Recovery Support
- ▶ 160+ Support Groups Per Month
- ▶ Family Support & Recovery Education
- ▶ Cultural & Recreational Activities
- ▶ Volunteer Training & Opportunities
- ▶ Traveling Companionship
- ▶ Peer Support via Live Chat

## FUN IN RECOVERY

- ▶ Fitness & Wellness Classes/Yoga
- ▶ Healthy Relationship Classes
- ▶ Nutrition for Wellness
- ▶ Jammin' N Recovery
- ▶ Recovery at the Movies
- ▶ Recovery in the Arts



## STRENGTH-BASED COMMUNITY INITIATIVES

- ▶ Recovery Coaching & Planning
- ▶ Peer Leadership Development
- ▶ Community Outreach & Education
- ▶ Drug/Alcohol & Recovery Education
- ▶ Bienvenido Group
- ▶ Diversity, Equity, & Inclusion Initiatives
- ▶ Workforce Development & Workplace Training
- ▶ Advocacy & DEI Training

## EMPLOYMENT RESOURCES

- ▶ Training & Workshops
- ▶ Job Search & Interviewing Skills
- ▶ Resume Preparation
- ▶ Access to Computers
- ▶ Job Referrals & Job Fairs
- ▶ Personal & Professional Development
- ▶ GED & Career Planning

## HOUSING RESOURCES



Short-term rental, mortgage, and utility assistance

Assistance in securing decent, safe, and affordable housing



Crisis Housing Referrals  
Transitional Housing Referrals  
Permanent Housing Referrals



**A P A A**  
Association of Persons  
Affected by Addiction

## Confidentiality Policy

APAA takes your privacy seriously. Please read the following to learn more about our privacy and confidentiality policy.

What This Privacy Policy Covers:

- Personal information is information about you that is personally identifiable like your name, address, email address, or phone number, and that is otherwise publicly available.
- When you consent to data collecting. only your 4-digit ID number is used and is NOT accompanied by your name or any other personal information.
- We limit access to personal information about you to employees who we believe reasonably need to come into contact with that to provide beneficial services to you.
- We have physical, electronic, and procedural safeguards that comply with federal regulations to protect personal information about you (42CFR Ch. 1)
- APAA may update this policy. We will update this page with any changes as they occur. Policy changes will apply only to information collected after the date of the change. This policy was last modified on March 4, 2016.

**Your consent: With your signature below, you indicate that you have read, understand, and accept the confidentiality policy. Any agency, probation officer, or court needing information on your participation and progress can solicit that information in writing and with a copy of your written consent by fax or mail.**

Print Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_





**DEPARTMENT OF CRIMINAL JUSTICE  
AUTHORIZATION FOR RELEASE OF INFORMATION**

**REFERRAL TO RECOVERY COACH WITH  
ASSOCIATION OF PERSONS AFFECTED BY ADDICTION (APAA)**

Name:	Jail Tower:	
Book-in Number:	AIS Number:	
DOB:	Age:	
Race:	Ethnicity:	Gender:

**Authorization**

This authorization allows for personal identifying information to be shared with the Association of Persons Affected by Addiction (APAA), for the purposes of referring me to a Recovery Coach.

A Recovery Coach is an individual with lived experience with a substance use disorder and/or mental health challenges. The Recovery Coach will aid in helping with engagement in recovery.

I understand that the following information may be shared with APAA for the purposes of a referral to a Recovery Coach:

- Name
- Date of Birth
- Current location (jail or address in the community)
- Contact information
- Current Criminal Offense Charge (no details of offense, just name of charge only)
- Current Pretrial Diversion program recommendation

I understand that it is voluntary for me to engage with the APAA Recovery Coach. I understand that no personal information related to my substance use history, mental health, physical health, or criminal offense and/or criminal history will be shared by the APAA Recovery Coach with the Dallas County court system unless subject to court subpoena, or unless I give permission for information to be shared.

By giving authorization I am allowing APAA to share my name with only the Dallas County Criminal Justice Department that I am electing to engage in Recovery Coaching services. Information provided will include name, date of birth, date service engagement began, and date service engagement ended. This information will not be shared by the Dallas County Criminal Justice Department and is only collected for the purposes of gathering data to provide aggregate information for grant reporting. No identifying information will be part of submitted grant reporting.

**Right to Revoke**

I understand that I may revoke this authorization in writing at any time, except to the extent that the Department of Criminal Justice has relied on this authorization to use or disclose my information for the purposes solely disclosed above.

This authorization is valid for the entirety of the grant project period. This authorization will expire on September 30, 2026.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notice to Prohibit Re-disclosure of Confidential Information**

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Authorization Revocation**

I \_\_\_\_\_, am electing to revoke the above authorization to allow the Dallas County Criminal Justice Department to share my information with the Association of Persons Affected by Addiction (APAA) for the purposes of providing and referring to recovery coaching services. By revoking this authorization, I understand that I will no longer be receiving any services provided by APAA under this grant project. Any information released previously will not be used and be kept confidential.

My revocation is effective as of the date of the below signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_