

SHEBOYGAN AREA VETERANS TREATMENT COURT PROGRAM

VETERAN OR SERVICE MEMBER PARTICIPANT ACKNOWLEDGMENT OF REVIEW OF SHEBOYGAN AREA VETERANS COURT PROGRAM POLICY AND PROCEDURES MANUAL

Name of Veterans Court Participant: _____ Case No. _____

I, THE VETERANS COURT PARTICIPANT NAMED ABOVE, HEREBY CERTIFY THAT:

- ____ 1. **I HAVE READ AND UNDERSTAND THE SHEBOYGAN AREA VETERANS COURT PROGRAM POLICY AND PROCEDURES MANUAL.**
- ____ 2. **I AGREE TO BE BOUND BY ALL REQUIREMENTS OF THE SHEBOYGAN AREA VETERANS TREATMENT COURT PROGRAM POLICY AND PROCEDURES MANUAL AND DIRECTIVES OF THE VETERANS COURT JUDGE.**
- ____ 3. **I HAVE READ AND UNDERSTAND THE PARTICIPANT HANDBOOK AND AGREE TO COMPLY WITH ALL OF ITS TERMS AND CONDITIONS.**

Date: _____

Signature of Veterans Court Participant

Date: _____

Veterans Court Coordinator Name:
Signature of Veterans Court Coordinator