



**Acknowledgement of Receipt of
Leon County Veterans Treatment Court (VTC)
Participant Handbook**

DATE: _____

Veteran/Servicemember Name: _____ **Case #:** _____

My signature below acknowledges receipt of the Leon County Veterans Treatment Court (VTC) Participant Handbook. I understand it is my responsibility to review and understand its content and to ask questions of any matter unclear to me.

I understand that the VTC Participant Handbook is a guide to the program and that if I have any specific questions in regards to the information I should consult with my Defense Attorney or seek clarification when before the Veterans Treatment Court Judge.

Veteran/Servicemember Signature

Date

Defense Attorney

Date