



## Brown County DUI Court

(Revised 12-10-13)

1. Fill out and submit the attached application to the DUI Court Coordinator Garrett Ortmeier at 101 SE 1<sup>st</sup> Ave.; PO Box 1087; Aberdeen, SD 57402-1087 (Phone #: (605) 626-2275)
2. ***If the application is approved*** by the Brown County DUI Court Program Coordinator, you will be instructed to immediately schedule two appointments. These must be completed before the Brown County DUI Court Team will further consider your application.
  - Call Avera St. Luke's Worthmore Addiction Services to schedule a Treatment Needs Assessment (605-622-5800 toll free: 1-800-952-2250)
  - Call Court Services Office (605) 626-2275, Brad Erhardt, to schedule a Risk/Needs Assessment

You will receive written notification of acceptance or denial into the program.

### Contact Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Cell/Phone Number: \_\_\_\_\_

### Application for DUI Court

PO Box 1087 Aberdeen, SD 57402	Brown County DUI Court	Phone: (605) 626-2275 Fax: (605) 626-2441
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<b>NAME:</b>	<b>DATE OF BIRTH</b>
<b>ADDRESS:</b>	<b>PHONE(S):</b> <b>E-MAIL:</b>
<b>VALID DRIVER'S LICENSE NUMBER:</b>	<b>DEFENSE ATTORNEY:</b> (NAME/PHONE)
<b>DRUG &amp; ALCOHOL EVAL COMPLETED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>ARE YOU AN ADDICT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>AGENCY COMPLETING EVALUATION:</b>	<b>PRIMARY DRUG OF CHOICE:</b>
<b>CHARGES PENDING:</b>	<b>COURT SERVICES OFFICER:</b>
<b>CURRENT EMPLOYER:</b>	<b>PRIMARY CARE PROVIDER / PHYSICIAN:</b>
<b>HIGHEST GRADE COMPLETED:</b>	<b>SKILL OR TRADE:</b>
<b>GED or GRADUATION:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>CERTIFICATION or DEGREE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>MENTAL HEALTH DIAGNOSIS:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>PSYCHOTROPIC MEDICATIONS:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ALL DIAGNOSES:	LIST ALL MEDICATIONS:
<b>RECEIVE DISABILITY:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>PHYSICAL IMPAIRMENTS:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST DISABILITIES:	LIST IMPAIRMENTS:
<b>CURRENTLY LIVING WITH OTHERS:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DO YOU HAVE CHILDREN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST HOUSEHOLD MEMBERS/RELATIONSHIP:	NAME/AGE/LOCATION OF CHILDREN:
<b>RELIABLE TRANSPORTATION:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>PAY CHILD SUPPORT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

I, the undersigned, hereby grant permission to my lawyer, to disclose any information contained in my record to Drug/DUI Court. Such information may include my complete criminal history, substance abuse information, and charging documents pertaining to my case. This information is not used to determine my guilt or innocence, rather in reference to my interest and application for involvement within the Drug/DUI Court. The defendant consents to the disclosure of Drug/DUI Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Drug/DUI Court program.

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

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

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

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

This notice accompanies a disclosure of information concerning a court alcohol and drug program client that is made to you with the client's request. This information has been disclosed to you from records that are federally protected by Federal Confidentiality Rules (42.C.F.R Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42.C.F.R part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. This Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client

**REQUEST FOR ADMISSION**

**Brown County DUI Court (DUI COURT) Program**

I, \_\_\_\_\_, state under penalty of law,  
(Print name)

that on \_\_\_\_\_ I was accused of/charged with  
(Date)

the following offense(s):

\_\_\_\_\_  
\_\_\_\_\_

I have no felony convictions in any state for delivery, intent to deliver, or manufacturing of a controlled substance. I have no convictions for a violent offense as defined on page 15 of the Participant Handbook. I have not been involved in a motor vehicle collision that resulted in injury or death to another person while under the influence of alcohol or other drugs.

I need substance abuse treatment and want to participate in the DUI COURT Program. I have read the entire contents of the Participant Handbook; understand everything in this document, and willing to follow the requirements of the DUI COURT Program if I am admitted into the program. I have had or will have meaningful opportunity to consult with an attorney regarding the DUI COURT Program.

\_\_\_\_\_

Name (Signature)

\_\_\_\_\_

(Date)

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION:  
BC- DUI Court Program**

I, \_\_\_\_\_ DOB: \_\_\_\_\_  
(First and Last Name)

Hereby consent to communication between Avera St. Lukes Worthmore Addiction Services, Mental Health Services, and the Brown County DUI Court Team (Judge, Defense Attorney, Prosecuting Attorney, Court Services Officer, BC-DUI Court Program Coordinator, Treatment, Case Manager, and Law Enforcement)

The purpose of, and need for this disclosure is to inform the court and all other named parties of my eligibility and/or acceptance for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the Brown County DUI Court Program's monitoring criteria.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/or reports concerning:

\_\_\_\_\_  
(List charges and case number)

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Brown County DUI Program for the above-referenced case, such as the discontinuation of all court supervision upon my successful completion of the Brown County DUI Program requirements OR upon sentencing for violating the terms of my (DUI COURT) Program involvement.

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 this information may re-disclose it only in connection with their official duties.

I also understand that for research purposes, information will be gathered and utilized for program analysis and protection under Part 2 of Title 42 CFR applies.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Defense Counsel)

\_\_\_\_\_  
(Date)

**Supervised Treatment Options Program  
(Brown County DUI Court)  
Agreement of Participation**

Name \_\_\_\_\_ DOB \_\_\_\_\_

- 1. Alcohol/Drug Treatment and Counseling:** I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling.
- 2. Refrain from Further Possession or Use of Alcohol/Drugs:** I will not possess and/or use alcohol and/or illicit drugs and agree to submit to frequent and random drug/alcohol testing, including the 24/7 program, to detect the presence of alcohol or illicit drugs. I will not use or possess any urine adulterant products. Possession or use of any such products will be deemed a violation of this agreement. I understand that results of my tests shall be admissible as evidence in the Brown County DUI Program. I shall not enter establishments where alcohol is the primary item for sale.
- 3. Housing:** I understand that stable housing is necessary for my recovery and must be approved by the DUI COURT Team. I agree to comply with recommendations and restrictions.
- 4. Refrain from Further Violation of Law:** I will not violate laws and I understand that any violation or arrest must be reported to the DUI COURT Team within 24 hours.
- 5. Employment/Education/Job Training:** I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. I will inform the DUI COURT Staff prior to changing employment. I will maintain a 30-hour work-week. The 30-hour work-week does not include treatment unless it is day treatment. The 30-hour week only includes work, school, or community service hours.
- 6. Agreement to Make All Scheduled Appearances:** I will provide for my own transportation and shall appear as scheduled for DUI COURT sessions and all other appointments.
- 7. Costs Related to Program:** I agree to pay all costs for my participation in the DUI COURT Program as set by Treatment and the Court after consideration of my financial resources.
- 8. Exchange of Information:** I understand that DUI COURT Program data is confidential and I will not discuss the program or disclose participant information to other individuals in treatment. I understand the DUI COURT Team will make reports to the Judge concerning my progress in treatment and the psychologist-patient/counselor-patient privileges shall not apply. I agree to release information and permit communication with outside agencies to assist in fulfilling the requirements of the DUI COURT Program.
- 9. Medical Issues:** I agree to seek medical attention when appropriate and follow through with the recommendations. Any prescribed medications will be reported to the DUI COURT Team.
- 10. Disclosure of Program Information:** I understand for purposes of study or review of this program, some otherwise confidential information may be disclosed to third parties, but that under no circumstances will this statistical data include my name, address, or other personal identifying information.

- 11. Confidentiality of Brown County DUI Program Participation:** I understand that any statements or disclosures I make during the course of my participation in treatment, counseling, or court proceedings, in regard to drug use or drug seeking behavior shall be held confidential within the DUI COURT Team. If I am terminated from this program, the fact of my participation, the results of any testing, any statements I made during the course of the program, and the reason(s) for termination shall be privileged subject to appropriate waivers of said privilege.
- 12. Participants Not Asked to Inform on Others:** The Court agrees that no defendant participating in this program will be requested to be an informant or encouraged to disclose information concerning any third parties as a condition of entry or completion of this program.
- 13. Appropriate Behavior Among Participants:** I agree to respect the opinions and feelings of other program participants and understand verbal or physical threats or abuse will not be tolerated. I agree not to start any romantic or sexual relationships with other DUI COURT Program participants while actively involved in the program.
- 14. Gambling:** I will not gamble nor enter any gambling establishments without the written permission of my supervising officer.
- 15. Site Visits:** I understand site visits to my home and place of employment will be conducted by the DUI COURT Team and/or law enforcement officers.
- 16. Incarceration:** I understand that I may be incarcerated as a sanction for violations of the participant agreement and I agree to comply with the incarceration.
- 17. Travel:** I will not leave the Aberdeen area without prior approval of DUI COURT TEAM.
- 18. Curfew:** I agree to abide by a curfew during Phase I and Phase II of the DUI COURT Program. The curfew will have a beginning time when you are to be home and an ending time when you may leave. During your curfew you may be on your property, as long as you are able to hear and get to the telephone.
- 19. Conditions of Supervision:** I agree to abide by all other conditions of supervised probation.

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_