

2019



SHOW UP

TRY

BE HONEST

Table of Contents

Mission Statements	3
Introduction.....	3
What is Drug Court.....	3
Eligibility Standards.....	3
Referral Process	3
Drug Court Proceedings	4
Confidentiality	4
Participant’s Rights	4
Drug Testing	4
Phases of Drug Court.....	4
Phase 1	5
Phase 2	5
Phase 3	6
Phase 4	6
Phase 5	6
Commencement	8
Commencement Requirements	8
Incentives	8
Types of Incentives.....	8
Violations and Sanctions	8
Types of Sanctions	9
Therapeutic Adjustments	9
Types of Therapeutic Adjustments	9
Termination	9
Process for Termination.....	10
Voluntary Removal	10
Fees	10
Court Related Fees	10
Program Related Fees	11
Drug Court Application	A-1
Consent for Disclosure of Confidential Substance Abuse Treatment Information	B-1
Drug Court Publicity Consent Form.....	C
Drug Court Treatment Program Basic Understandings, Waivers, and Agreements	D-1
Drug Court Participant Manual Receipt and Acknowledgement	E

What is Drug Court?

In Drug Court, I will go to treatment and to counseling. In drug court, I can change my life and make it better.

If I agree to Drug Court and get sentenced to the program, I must come to court each week, go to treatment, and do random drug testing. I will also go to support group meetings. Drug Court lasts at least 18 months.

1. Drugs or alcohol use has made your life unmanageable
2. Willing to live where the drug court team can supervise you

You can be offered Drug Court if you are:

1. At least 18 years old
2. Facing felony charges
3. Agree to be in program
4. Not a drug dealer
5. Not a sex offender
6. Not violent
7. Drug or alcohol use has made your life hard
8. Willing to live where the drug court team can supervise you

Who helps me get into drug court?

Your Attorney can help you decide if you should do Drug Court. They will help you fill out the application and all paperwork.

What is a drug court team and what happens at court?

The Drug Court Team includes a Judge, lawyers, probation officers, treatment, program coordinator, and law enforcement. The Team will meet each week before court and talk about my case and how they can support me so I can succeed. The Judge wants to know if I have been to all my treatment sessions, if I have had any clean UA's, if I have been going to work, and what I am working on in treatment. When I get to court, the Judge will ask me about my week and I will tell the Judge what has been happening. If I do well, the Judge will give me an incentive. For the things, I have not done well, the Judge will give me a sanction. Sometimes the Judge will instruct me to attend more treatment.

Each week I will come to court. While I am there I will behave. I will stay while all the other people in the program talk to the Judge. When I am in court I will also encourage my fellow participants in the Drug Court program by clapping.

Confidentiality?

To participate in drug court I must sign a release that says the drug court team can share information about my progress during the team meetings. When I go to court the hearings are open to the public.

What are my rights in drug court?

If I agree to participate in drug court, I am agreeing to waive my right to usual court proceedings, such as questioning or disputing the legality of a search, seizure, or traffic stop; a preliminary hearing; and a trial by jury or court. Your attorney can explain this in detail to you.

What is random alcohol and drug testing?

To make sure I stay clean, I must do random drug and alcohol testing, sometimes every day. My name will be checked with the South Dakota Prescription Drug Monitoring Program to make sure I am not abusing prescription medications.

UA Testing Procedures:

You must comply with all testing or by further instruction of the Court Services officer and Drug Court team.

If you do not comply with the scheduled UA timeframes, you may be sanctioned up to and including the following:

- 1st offense: Verbal warning
- 2nd offense: Loss of sober days in phase
- 3rd offense: Loss of all sober days

If you no show for a scheduled UA, you may lose all sober days in program.

How do I complete drug court?

I am required to submit a written request to the Drug Court Team asking to graduate and explain all I have completed in the program. I will be in drug court for least at least eighteen (18) months and must do all the following to graduate.

Drug Court consists of five (5) phases. Each phase is explained in detail below. You are required to submit a written request to the Drug Court Team to advance to the next phase or graduate.

Before graduating from the Program, you must complete a **Program Exit Survey**.

Phase requirements will include the following, which may be modified in the discretion of the Drug Court team from time to time:

Phase 1

- Minimum of 60 days
- Weekly court attendance
- Comply with Treatment
- Comply with Supervision
- At minimum weekly office visit
- At minimum monthly home visit
- Develop a case plan
- Begin to focus on peer support groups (MAAEZ, 12 step groups, smart recovery, wellbriety)
- 28% chance of UA daily – including weekends and holidays
- Obtain and maintain a weekly/daily planner
- Address housing
- Obtain medical assessment
- Change people, places and things
- Complete Physical
- 14 days of continuous sobriety
- Submit written request to move to next phase

Phase 2

- Minimum of 90 days
- Weekly court attendance
- Comply with Treatment
- Comply with Supervision
- At minimum weekly office visit
- At minimum monthly home visit
- Review treatment case plan
- 28% chance of UA daily – including weekends and holidays
- Start to focus on peer support groups and start working with Sponsor
- Attend two (2) recovery support meetings per week
- Maintain planner
- Maintain housing
- Start seeking employment
- Address financial budget
- Change people, places and things
- 30 days of continuous sobriety
- Submit written request to move to next phase

Phase 3

- Minimum of 90 days
- Bi-weekly court appearances
- Comply with Treatment
- Comply with Supervision
- At minimum bi-weekly office visit
- At minimum monthly home visit
- Review case plan, develop implementation of relapse prevention
- 28% chance of UA daily – including weekends and holidays
- Maintain planner
- Maintain housing
- Obtain employment
- Begin criminal thinking (MRT) if recommended
- Attend two (2) recovery support meetings per week
- Establish pro-social activity
- Change people, places and things
- 45 days of continuous sobriety
- Submit written request to move to the next phase

Phase 4

- Minimum of 90 days
- Monthly court appearances
- Comply with Treatment
- Comply with Supervision
- At minimum bi-weekly office visit
- At minimum monthly home visit
- Review case plan
- 28% chance of UA daily – Including weekends and holidays
- Maintain planner
- Maintain housing
- Attend three (3) recovery support meetings per week
- Maintain pro-social activity
- Maintain employment
- Change people, places and things
- 60 days of continuous sobriety
- Submit written request to move to the next phase

Phase 5

- Minimum of 90 days
- Monthly court appearances
- Comply with Treatment
- Comply with Supervision
- At minimum monthly office visit
- At minimum monthly home visit
- Review case plan, develop continuing care plan
- 28% chance of UA daily – including weekends and holidays
- Maintain planner
- Attend three (3) recovery support meetings per week
- Maintain pro-social activity
- Maintain employment
- Change people, places and things
- 90 days of continuous sobriety

What happens when I've finished all five phases?

Once I have completed all 5 Phases, I can apply for graduation or commencement from the program. I must have completed all the requirements below:

- Complete Phase 5
- Fines on my current file have been paid
- 90 days continuous clean and sober living
- I am employed
- I have stable housing
- I have been in the drug court program for at least one year

Once I have been approved to graduate, there will be a special ceremony in my honor to congratulate all I have accomplished. This will be a very important event and my loved ones and family will be asked to join me for the celebration.

Incentives

An incentive is an acknowledgement by the Drug Court Team that you have reached a milestone or have completed a goal towards your life in recovery.

Expected behaviors and incentives can include but are not limited to the following:

Expected behavior	Incentive
✓ Honesty	✓ Applause
✓ Accomplishing goal	✓ Acknowledgement from the court
✓ Positive attitude	✓ Gift card to local restaurant
✓ Adjusting well to Program	✓ Gas card
✓ Securing a sponsor	✓ Movie pass
✓ Avoiding temptation to relapse	✓ Progression in the Program/medal

Violations and Sanctions

Sanctions are given for not following the program. Not following the rules of the program is a violation. The Drug Court Judge and Team will decide sanctions based on any violations.

Inappropriate behaviors and sanctions can include but are not limited to the following:

Inappropriate Behavior	Possible Sanction
✓ Dishonesty	✓ Verbal warning
✓ Failure to maintain journal	✓ Written letter
✓ Failure to attend AA meetings	✓ Incarceration
✓ Breaking curfew requirements	✓ Loss of sober days
✓ Reporting late to PBT or UA	✓ House arrest
✓ Testing positive on PBT or UA	✓ No phase progression

Therapeutic Adjustments

A therapeutic adjustment is a change in my treatment plan.

Therapeutic adjustments can include but are not limited to the following.

- | | |
|---------------------------------------|-------------------------------------------------|
| ✓ Increased self-help meetings | ✓ Increased court appearances |
| ✓ Increased drug/alcohol testing | ✓ Increased treatment intensity |
| ✓ Completion of treatment workbooks | ✓ Additional assessments or evaluations |
| ✓ Journaling | ✓ Modification of individualized treatment plan |
| ✓ Motivational Interviewing exercises | ✓ Residential treatment |
| ✓ Evaluation for possible medication | |

What happen when I fail to follow the rules of Drug Court?

When I fail to show up, try, and be honest and not follow the rules of the program, I can be terminated from drug court.

Some examples of reasons to terminate are:

Reasons to be terminated can include but are not limited to the following:

- Concern for public safety
- Threat to the integrity of the program
- Available treatment options have been exhausted, and the participant is no longer working towards recovery
- Violating rules of the Drug Court
- Commission of a crime
- Failure to attend Drug Court hearings
- Abandonment of treatment program
- Evidence that participant is involved with drug dealing or driving while under the influence
- Evidence that participant is involved in any threatening, abusive, or violent verbal or physical behavior towards anyone
- Tampering with drug/alcohol screening tests
- Inability to pass required drug/alcohol screening tests for any reason
- Failure to make satisfactory progress
- Any other grounds that the Drug Court Team finds sufficient for termination

Process for Termination

1. A member of the Drug Court Team makes a motion for termination.
2. Your probation officer will give you a written copy of the possible violations
3. You can ask for an attorney to be appointed to represent you.
4. You will have a chance to talk to the Judge and the Team concerning the motion to terminate you from the program.
5. The Judge makes the final decision if you will stay in the program.
6. If you are terminated, the Court shall advise you of your rights concerning potential probation revocation and appoint you an attorney.
7. You are required to participate in a termination interview and may be subject to a probation revocation proceeding.

Voluntary Removal

You may request to be removed from the Drug Court Program. Before you make a request, you should visit with an attorney. If you have absconded or have run off from court services supervision while in the Drug Court Program, you will be considered to have voluntarily removed yourself.

Fees

Court Related Fees

While you are in Drug Court, you must make payments for court fees. This can include the following:

- Child support
- Restitution
- Crime Victim Fund
- Public Defender fees
- Other

You will work with your court services officer to set up a payment plan.

Program Related Fees

You may be required to pay for testing, monitoring, and treatment while in the program, which may include:

- UA's
- 24/7 Program
- SCRAM
- Interlock
- Treatment
- Court fines
- Other

Drug Court Application



Application Process

1. Read through the Participant Manual with defense attorney.
2. Fill out and submit the following application and Consent for Disclosure of Confidential Substance Abuse Treatment Information to the Drug Court Office in the _____ Courthouse.
3. **Once application is received** by the Drug Court, you will be required to keep two scheduled appointments. These appointments must be completed before the Team will further consider your application.
 - You will call the Court Services Office to schedule a LSI-R (Risk/Needs Assessment)
 - You will call Southeastern Behavioral Health to schedule a Treatment Needs Assessment

*Your attorney will receive written notification of acceptance or denial into the program.

4. If you are accepted into the program, you must complete the following forms, which are included in the Participant Handbook.
 - Drug Court Publicity Consent Form
 - Drug Court Treatment Program Basic Understanding, Waivers and Agreements
 - Drug Court Participant Manual Receipt and Acknowledgement
 - South Dakota Prescription Drug Monitoring Program



Unified Judicial System

Application to Second Circuit Drug Court Program

Second Judicial Circuit

Date of Application		Do you need disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:		Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language:	
Name			Alias		
Race		Sex		Date of Birth	
Current Address (Street)			Telephone Number		Cell Phone Number
City		State	Zip		Other States Lived in:
How Long at this Address?		Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number	
Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			State ID Number		
Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No			Number of Dependents		
Significant Other					
NAME- Last, First, Middle (include Aliases)			DOB	Criminal Court Involvement-If so what?	
Other Members of Household					
NAME- Last, First, Middle (include Aliases)			DOB	Criminal Court Involvement-If so what?	
Next of Kin		Relationship		Telephone Number	
Current Employer		Monthly Income		Receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You an Addict? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Drug of Choice			
Primary Care Provider/Physician					
Mental Health Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			Take Psychotropic Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List all Mental Health Diagnoses		List Medications	
Drug & Alcohol Evaluation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		LSI-R Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Completing	Date	Score	Date
Highest Grade Completed		GED <input type="checkbox"/>	Graduation <input type="checkbox"/>
Skill or Trade		Certification or Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On Probation Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Probation Officer	
Current Charges			Offense Date:
Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Charges	
Have you ever been sentenced to drug court before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Date:	
Have you ever been sentenced to the Penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Defense Attorney Name		Telephone Number	
"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."			
_____ Defense Attorney Signature Date		_____ Applicant Signature Date	

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

I, _____, having agreed to enroll and participate in the Adult Drug Court Program, hereby acknowledge that treatment information normally is confidential under federal law. 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 (or client) records, and Part 164 of Title 45 of the CFR, which governs the confidentiality of mental and physical health records generally. I also understand that it is unlawful to violate these confidentiality requirements, but that both requirements permit me to voluntarily consent to permit disclosure of my health and substance abuse treatment information.

Therefore, I, _____, consent to allow the release of employment, medical, psychiatric, treatment, educational, mental health, or other documents and records which are deemed necessary for Drug Court purposes concerning Case No(s). _____. I also consent to the disclosure of on-going communications about my diagnosis, prognosis and compliance status, which includes, but is not limited to, the following:

- Assessment results pertaining to Drug Court eligibility, treatment needs, and supervision needs;
- Attendance at scheduled appointments;
- Sanford, Avera, Urban Indian Health & any of its affiliates;
- Drug and alcohol test results, including efforts to defraud or invalidate drug or alcohol tests;
- Attainment of treatment plan goals, such as completion of a required counseling regimen;
- Evidence of symptom resolution, such as reductions in drug cravings or withdrawal symptoms;
- Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change;
- Attainment of Drug Court phase requirements, such as obtaining and maintaining employment or enrolling in an educational program;
- Compliance with electronic monitoring, home curfews, travel limitations, and geographic or association restrictions;
- Adherence to legally prescribed and authorized medically assisted treatments;
- Procurement of unauthorized prescriptions for addictive or intoxicating medications;
- Medical Releases from County Jail;
- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior with staff members, fellow Participants or other persons.

These communications may be disclosed among the following parties or agencies involved in the Drug Court Program: the Drug Court judge, the Drug Court team members, the employees engaged in the Drug Court operations and administration, court services officers in the Drug Court Program, treatment providers utilized by me during the Drug Court Program, the Drug Court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Adult Drug Court Program.

I understand that the purpose of and the need for this disclosure is to: inform the court and the other above-specified agencies of my eligibility and/or acceptability for substance abuse treatment services; to report on and adequately monitor my treatment, attendance, prognosis, and compliance with the terms and conditions of the program; to discuss and assess my status as a Participant in the Drug Court Program; and, to assess and comment on my progress in accordance with the Drug Court's reporting and monitoring criteria.

I agree to permit the disclosure of this confidential information only as necessary for, and pertinent to, hearings, and/or reports concerning the status of my participation and compliance with the conditions of my probation as defined by the Drug Court. I understand that information about my medical status, mental health and/or drug treatment status, my arrest history, my levels of compliance or non-compliance with the conditions of my Drug Court participation (including the results of urinalysis or other drug screening tools,) and other material information will be discussed and shared among members of the Drug Court team.

I further understand that as an essential component of the Drug Court Program summary information about my compliance or non-compliance will be discussed in an **open and public courtroom**, including but not limited to, whether I have attended all meetings, treatment sessions, the results of urinalysis or other drug testing as required, and the disclosure of my compliance or noncompliance with the terms and conditions of the Program as defined by the Court. It is entirely possible that third parties will attend these court sessions and will hear these discussions. This process will require the re-disclosure of confidential treatment information to individuals who have not been individually and specifically authorized to receive such information. Therefore, **I hereby specifically consent to any potential re-disclosure to third persons who may attend any of my Drug Court sessions.**

I further understand that if I re-disclose confidential information of any other Participant to another party, I expose myself to legal liability for unauthorized disclosure of confidential information.

Recipients of this confidential information may re-disclose it only in connection with their official duties. 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 Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.

I understand that this consent will remain in effect for up to one year.

After one year, I will need to re-sign this consent.

_____ Date _____
Drug Court Participant

_____ Date _____
Witness



Drug Court Publicity Consent Form

I hereby consent to and authorize the use, publication and reproduction of all media by the Drug Court or anyone it authorizes, for all photographs/video taken of me, with or without names for any editorial, promotional, advertising, educational or other purpose.

I understand that any photographs or videos may be used in any publication for promotion of Drug Courts. I realize that this coverage may place my picture, with or without further explanation, alone or accompanied by other pictures, in a story, on a website, or on a cover of any or all publicity materials for Drug Courts. I hereby release the Drug Court, its staff, and employees, or anyone it authorizes, from all claims relating to or arising from the uses consented above.

I am over eighteen years of age, have read this consent and release, or have had it read and explained to me, fully understand its contents, and enter it voluntarily and without coercion.

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 Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.

Print Name _____

Address _____

City, State, Zip _____

Phone _____

Date _____

Signature _____

DRUG COURT
TREATMENT PROGRAM BASIC UNDERSTANDING,
WAIVERS AND AGREEMENTS

Defendant's Name: _____

Address: _____

Date of Birth: ____/____/____ Phone Number(s): _____

I UNDERSTAND THAT:

Before I can be accepted into the Drug Court Treatment Program, I must give up certain statutory and/or constitutional rights. I hereby voluntarily agree and consent to give up the following statutory and/or constitutional rights upon my acceptance into the Drug Court Treatment Program enumerated below:

1. LEGAL WAIVER: I do hereby release and forever discharge the complaining witnesses, victim(s), the Drug Court Judge, the State's Attorney's Office, the Defense Attorney on the Drug Court Team, the Court Service Officer(s), the Drug Court Staff, and their respective heirs, successors, executors, administrators, and assigns from any and all claims of any kind or nature whatsoever, either in law or in equity, arising out of my arrest, participation in, or termination from, the Drug Court Program, and do expressly release and forever hold them harmless from any criminal or civil action which I may have a right to bring as a result of my arrest or participation in the Drug Court Program. (____)

2. RELEASE OF INFORMATION: I agree to complete a diagnostic evaluation for the development of my Drug Treatment Program as ordered by the Court. I hereby authorize release of all treatment information by the provider to the Court, Court Services, and the Drug Court Team. The Team and Court may consider any such information in deciding whether I remain in the Drug Court Treatment Program. (____)

3. STATUS OF PROGRAM: I have no legal right to participate in the Drug Court Treatment Program, and my acceptance and participation is a privilege. I may be excluded or terminated from the Program at any time. (____)

4. PROGRAM LENGTH: The length of the Program varies, with the minimum time to complete all levels of programming being eighteen (18) months. Upon successful completion of Drug Court, I may be ordered to complete the remainder of their probation period on standard probation. (____)

5. GENERAL REQUIREMENTS: I must attend all Drug Court sessions. I must also attend treatment sessions, pass repeated drug screens, and address problems such as corrective thinking that contribute to my addiction. I must reduce risk factors, which may include improving my family situation, bettering my employment status, increasing my educational level, moving from known drug distribution areas, etc. I may be required to pay restitution, fees for participation in the Program, fines, my Court Appointed Attorneys Fees, and any other

related costs. I must make suitable progress towards controlling my addiction, and the Program will set individual requirements that I must meet. (____)

6. INDIVIDUALIZED TREATMENT PLANS: The Clinician I am assigned to will set my individual treatment plan requirements, which will then be reviewed by the Drug Court Team. The final decisions regarding my progress, compliance with Program requirements, and continued participation are in the Judge's sole discretion. I have no right to appeal the Court's decisions. (____)
7. TERMINATION: I can quit the Program at any time but I must meet with the Judge and discuss my reasons for this decision and he/she may delay my withdrawal from the Program for up to one (1) week to make sure my decision is firm. If I voluntarily quit the Program, abscond from the Program, or am involuntarily terminated, I understand that I will be subject to sanctions by my sentencing judge. (____)
8. FEES: I must pay for some components of the Program, such as:
 - A. Drug Testing;
 - B. Ankle Bracelet Monitoring System;
 - C. Treatment/Counseling;
 - D. 24/7 Sobriety Program.

Money I pay into the Program is non-refundable. If I quit, am terminated from the Program, or if the Program ends for any reason, I will not get my money back. (____)

9. SANCTIONS: If I do not fully comply with the Program, the Judge may impose sanctions at his/her sole discretion. Additionally, my Court Service Officer(s) (CSO) may impose administrative sanctions if I violate my curfew, have unauthorized visitors, or violate my weekly schedule. I will have to complete the sanctions to continue in the Program. The sanctions could include community service, a return to jail, or anything deemed appropriate by the Judge. Additionally, as a condition of my participation in the Drug Court Program, I do not have a right to an Evidentiary Hearing to contest the imposition of sanctions nor do I have the right to appeal the decision of the Drug Court Judge. The Judge may also terminate me from the Program. (____)
10. COMMISSION OF A CRIMINAL OFFENSE: If I commit an additional criminal offense, excluding minor traffic offenses, I may be expelled from the Program. (____)
11. COURT PROCEEDINGS: The Drug Court proceedings will be informal and performed in open Court. However, I am required to be well groomed and dressed in professional attire for all Court appearances. Clothing bearing drug or alcohol related themes, or promoting alcohol or drug use is not allowed. Violent or belligerent behavior will not be tolerated. (____)
12. SEARCHES:
 - A. I will submit to random searches of my breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia at the request of the Court Service Officer(s) (CSO). I will comply with all other rules of the Intensive Supervision Program. I am aware that my Court Service Officer(s) (CSO) and/or law enforcement will be conducting random home visits as a part of my participation in the Program. (____)

- B. I will submit to searches of my breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia at the request of law enforcement with reasonable suspicion. (____)
- C. I will be subject to random searches of my breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol or any paraphernalia by treatment provider staff or their designee while participating in the treatment program or while on treatment provider property. Failure to comply with these requirements may result in sanctions. (____)
13. DRUG TESTING: 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 Drug Court. (____)
14. ATTORNEY: I understand that I will have an attorney to represent me while in the Drug Court Program. I also understand that Drug Court is a non-adversarial forum and, therefore, treatment and accountability is the primary concern. I also understand that the attorney who represented me in the criminal case does not represent me in Drug Court. The defense attorney who participates in the Drug Court is not acting as my attorney (even if the same attorney who represented me is also the defense attorney who participates in Drug Court). (____)
15. DISCUSSIONS IN MY ABSENCE. I understand and acknowledge that the members of the Drug Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Drug Court Judge about me, my progress in the Program, and any problems that I might be having. The Team may also discuss with the Judge, at various times, sanctions or rewards, which I may receive because of my participation in the Program. I also understand and acknowledge that I will not be present for these discussions with the Judge. It has been explained to me these discussions with the Judge without me being present are necessary in order for me to receive the maximum benefit from the Program. I understand this and waive my presence at these meetings and discussions with the Drug Court Judge. (____)
16. WAIVER OF PRIVACY: Program officials may require me to provide very personal information. This may include, but will not be limited to: my criminal record, financial and tax information, child support records, education and work history, family history, and medical and psychiatric information. I understand and agree that these things may be discussed in open Drug Court session, in treatment sessions, or in other settings related to participation in the Program. I agree to sign specific releases promptly to allow the gathering of this information. (____)
17. DUTY TO NOTIFY: I must obtain permission from my Court Service Officer(s) (CSO) prior to making any change in my residence or mailing address, any change, or disconnection of my phone number, or any change in my employment. I must also notify my Court Service Officer(s) (CSO) immediately after any law enforcement contact. (____)
18. REARRESTS: I must obey all laws, and notify my Court Service Officer(s) (CSO) of any criminal charges that are made against me, including any driving violations or minor offenses. My arrest or conviction on other charges, or my failure to report other charges, may result in termination from the Program. (____)
19. TRUTHFUL DISCLOSURE: Acceptance in the Program is based partly on my criminal

- history. I have truthfully, disclosed any previous arrests and convictions. (____)
20. NO ALCOHOL OR CONTROLLED SUBSTANCES: I understand that I cannot drink, possess, or otherwise ingest alcohol, nor may I associate with those who do, while I am a participant in the Drug Court Program. I also understand that I cannot use or possess marijuana, K2 or like substances, synthetic marijuana, scheduled controlled substances, over-the-counter drugs except as authorized herein, or any mind-altering substances, nor associate with those who do, while I am a participant in the Drug Court Program. (____)
21. MEDICATIONS: I understand that I will be required to provide frequent and random searches of my breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia as a condition of my participation in the Drug Court Program. I agree that I will not take any medications, including cough, cold, and any other over-the-counter medications without prior approval from my treatment provider and my Court Service Officer(s) (CSO). I also agree to provide a complete list of my medications to my treatment provider and my Court Service Officer(s) (CSO). I also will not use or consume any food or beverage that contains poppy seeds while I am in the Drug Court Program. (____)
22. MEDICAL NEEDS: I, unless authorized by the Drug Court Team, will have only one doctor meeting my primary health needs. All appointments must be scheduled with that doctor or medical professional with the knowledge and permission of the Drug Court Team or my CSO, including emergent needs. (____)
23. ALCOHOL/DRUG TREATMENT AND COUNSELING: I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling. (____)
24. HOUSING: I understand that stable housing is necessary for my recovery and must be approved by the Drug Court Team. I agree to comply with their recommendations and restrictions. (____)
25. 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 maintain at least 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 unless it is otherwise approved by the Drug Court. (____)
26. GAMBLING: I will not gamble nor enter any gambling establishments where the primary source of revenue is gaming funds without the written permission of my supervising officer. (____)
27. 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. (____)
28. SEXUAL HARASSMENT POLICY: All participants are entitled to an atmosphere that is free from any sexual harassment. Sexual harassment is any unwanted comments, gestures, writings, physical contact, and innuendo that are sexual in nature. If I sexually harass another participant or service provider, I will be subject to a disciplinary review and could face severe consequences, including termination from the Program. (____)
29. NO FINANCIAL DEALING: I am prohibited from having any financial dealings with other

Drug Court participants while in the Program, except with the permission of the Drug Court Judge. The term “financial dealings” shall include, but not be limited to, lending or borrowing money or property, purchasing or selling real or personal property, or working for each other, or exchange of gifts. A violation will result in sanctions for all involved participants. (____)

30. WAIVER OF RIGHT TO REMAIN SILENT: I agree to fully and *HONESTLY* participate in all Drug Court meetings. (____)
31. PHOTOGRAPH: I agree to have my photograph taken for Drug Court files. (____)
32. FREE, VOLUNTARY, KNOWING AGREEMENT: My participation in the Program requires that I waive very important rights. I have fully discussed my rights with the Defense Attorney on the Drug Court Team before agreeing to enter into the Program. At the time of executing this document, my thinking is clear and I am not under the influence of any substance. The decision to waive my rights and enter the Program is mine alone and made of my own free will. I expressly agree to accept and abide by all the terms and conditions of the Drug Court Treatment Program as established by the Court and the Treatment Provider. (____)
33. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Drug Court Judge for all purposes. (____)
34. 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. (____)

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 Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.

SIGNATURE OF DEFENDANT

DATE

SIGNATURE OF WITNESS

DATE



Drug Court Participant Manual Receipt and Acknowledgement

I, _____, acknowledge receipt of the Drug Court Participant Manual. I understand that it is my responsibility to read and comply with the policies contained in the handbook and any revisions made to it.

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 Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____

Court Services Officer Signature: _____

SOUTH DAKOTA PRESCRIPTION DRUG MONITORING PROGRAM

The South Dakota Prescription Drug Monitoring Program gathers data from dispensers who serve South Dakota residents and makes it available to prescribers and pharmacists to enable them to make better decisions when providing controlled substances to their patients. In addition, law enforcement can access this tool to reduce doctor-shopping, prescription forgery, and the diversion of prescription medications into illegitimate channels. All controlled substances in Schedules II – IV are tracked by the SD PDMP.

I, _____, having agreed to enroll and participate in the Drug Court Program, hereby acknowledge that treatment information normally is confidential under federal law. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations (CFR), which governs the confidentiality of substance abuse patient (or client) records, and Part 164 of Title 45 of the CFR, which governs the confidentiality of mental and physical health records generally. I also understand that it is unlawful to violate these confidentiality requirements, but that both requirements permit me to voluntarily consent to permit disclosure of my health and substance abuse treatment information.

Therefore, I, _____ give consent to _____ (Court Services Officer and Team) to obtain my Prescription Drug Monitoring Program data from the South Dakota Pharmacy Board for the purpose of assisting the Drug Court with my case, specifically for supervision and treatment. All information obtained through the PDMP program will be kept confidential between the Drug Court Team. 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 Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.

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 Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.

Signature _____

Date _____

Witness Signature _____

Date _____