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2016

Pennington County DUI Court Participant Handbook



Pennington County DUI Court

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Mission Statement

The mission of the Pennington County DUI Court Program is to enhance public safety by ensuring accountability through supervision, treatment and the support of community partnerships by reforming substance abuse offenders to sober law-abiding citizens.

Program Goals

1. Increase public safety by integrating the criminal justice system with treatment systems and community resources
2. Increase individual length of involvement in treatment and other maintenance systems
3. Increase the number of offenders able to work, parent, and participate in the community as sober, productive citizens
4. Reduce incarceration time for non-violent offenders
5. Reduce recidivism

Introduction

What is DUI Court

DUI Court is defined as a judicially supervised alternative program to incarceration involving a driving under the influence (DUI) court docket aimed at increasing public safety, increasing offender accountability, and decreasing recidivism. DUI Courts are a collaborative community effort.

Program Outline

The Pennington County DUI Court is a voluntary program, which includes regular appearances before the DUI Court judge, daily PBT testing and random drug testing, substance abuse counseling in individual and group settings, mental health counseling, educational classes, a system of behavior modification based on incentives and sanctions, and intense community supervision by the DUI Court Team. The Pennington County DUI Court requires participants to participate in community support groups and to be employed. The program length differs for each participant but is no less than a year.

Eligibility Standards

1. Over 18 years of age
2. Facing felony level drug- or alcohol-related offense
3. Voluntarily entering into DUI Court and willing to comply to all requirements
4. No current charges of distribution
5. Not required to register as a sex offender
6. No prior conviction of crimes of violence
7. Substantially impacted by your abuse of or dependence on drugs
8. Screened legally eligible for DUI Court
9. Willing to maintain residency as directed to ensure intensive supervision

Referral Process

1. The DUI Court Prosecutor completes a legal screen of the applicant for DUI Court.
2. The applicant completes the DUI Court application.
3. The applicant and their defense attorney meet with the DUI Court Defense Attorney to complete the Waivers and Agreements.
4. The applicant enters a guilty plea.
5. The applicant completes an updated drug and alcohol evaluation and provides a copy of the evaluation to the DUI Court Court Services Officer.
6. The applicant meets with a DUI Court Court Services Officer to complete a Presentence Investigation (PSI) and a Level of Service Inventory-Revised (LSI-R) risk/needs assessment.
7. The DUI Court Court Services Officer provides the discovery and evaluation to the DUI Court Team for review.
8. The DUI Court Team votes to accept or deny the pending application.
9. If accepted into the DUI Court program, the applicant's case is transferred to the Pennington County DUI Court Sentencing Judge for sentencing.
10. If not accepted into the DUI Court program, the applicant is returned to the traditional legal process.

*Every reasonable effort will be made by the DUI Court team to ensure that the time between arrest and entry into the DUI Court Program is less than 30 days.

DUI Court Proceedings

The Pennington County DUI Court is a specialized, separate court, operating on a weekly basis and dedicated to the assessment, and supervision of participants. The DUI Court Team will meet prior to court. DUI Court is open to family members or other members of your support network to attend. Children may attend court when appropriate. Individuals present in the courtroom, other than the participants, may observe but not participate in proceedings. Individuals wishing to provide input to the DUI Court Team are encouraged to do so in writing. Law enforcement or the supervising Probation Officer member of the team will be available to take PBTs and other drug tests before DUI Court begins

You are expected to maintain appropriate behavior at all times during court sessions and while in the courthouse. The Judge and Team members shall be addressed with respect. Unless prior approval is given, you will remain for the entire DUI Court proceedings. We do encourage you to show your support and encouragement to fellow participants by applause. Your behavior and demeanor while in the courthouse is a reflection on the entire Program. Maintaining appropriate behavior is a sign of the progress you and your fellow participants are making towards recovery.

Confidentiality

DUI Court is open to the public, but DUI Court Team meetings are **not**. It is important to protect the privacy interest of everyone involved in DUI Courts. You are required to sign releases for health, medical, mental health, criminal, employment and educational records. Since this is confidential information, it cannot be shared with anyone outside of the DUI Court Team. DUI Court personnel cannot and will not share this information with outside personnel. There is one exception to this rule. This exception pertains to SDCL 26-SA-3 and 4, which requires reporting of any prior or current child neglect/ abuse.

Participant's Rights

You understand that by agreeing to participate in the Pennington County DUI Court Program, you are waiving your right to usual court proceedings, such as questioning or disputing the legality of search, seizure, or traffic stop; a preliminary hearing; and trial by jury or court. Admission into the DUI Court requires acceptance of this responsibility.

Drug/Alcohol Testing

A critical component of successful DUI Court participation involves intensive supervision and random drug testing to determine compliance with the rules of the DUI Court Program. The frequency of the tests will be determined by the phase you are in and is subject to change based on violations and the recommendation of the DUI Court Team. Testing is conducted at treatment sessions and at DUI Court sessions by the Court Service Officer. All tests are observed, and any detectable level of alcohol or controlled substance will be considered as a positive test. Upon a positive test, you will ordinarily be taken into custody. This is done to protect public safety. On occasion, treatment providers may conduct tests for the purpose of therapeutic adjustments; results will be shared with the Team. Drug testing includes frequent contact with the South Dakota Prescription Drug Monitoring Program to ensure you are not abusing prescriptions not approved without the Team's knowledge.

Phases of DUI Court

The Pennington County DUI Court Program generally consists of four (4) phases. Examples of each phase are explained in detail below. You are required to submit a written request to the DUI Court Team in order to advance to the next phase or graduate. Program length may vary but is no less than one year. You will be required to complete a Program assessment at intake, completion of Phase 2, and completion of Program. Before graduating from the Program, you must complete a Program Exit Survey.

Phase 1

- Minimum of 90 days
- Weekly court attendance
- Report to supervision meetings as instructed
- Follow all directives of the DUI Court Team
- Attend a minimum of two (2) support group meetings per week, not including aftercare
- Seek and obtain full-time employment, attend school, or complete community service (or a combination of the three)
- Seek and obtain a stable living environment
- Abide by a curfew as determined by the DUI Court Team
- Obtain and maintain a daily planner
- Complete a financial review to develop a financial responsibility plan
- Complete directed work within a treatment plan
- Twice daily PBTs or SCRAM or Interlock; Random PBTs as requested
- Minimum of two (2) UAs a week; Random UAs as requested
- 45 days of continuous sobriety
- Satisfactory completion of an Application for Phase Movement to Phase 2

Phase 2

- Minimum of 90 days
- Bi-monthly court attendance
- Report to supervision meetings as instructed
- Follow all directives of the DUI Court Team
- Attend a minimum of two (2) support group meetings per week, not including aftercare
- Maintain full-time employment, attend school, or complete community service (or a combination of the three)
- Maintain a stable living environment
- Abide by a curfew as determined by the DUI Court Team
- Maintain a daily planner
- Continue to develop and maintain a financial responsibility plan
- Complete directed work within a treatment plan
- Obtain and maintain a sponsor
- Begin working a 12-step recovery program
- Twice daily PBTs or SCRAM or Interlock; Random PBTs as requested
- Minimum of two (2) UAs a week; Random UAs as requested
- 60 days of continuous sobriety
- Satisfactory completion of an Application for Phase Movement to Phase 3

Phase 3

- Minimum of 90 days
- Bi-monthly court attendance
- Report to supervision meetings as instructed
- Follow all directives of the DUI Court Team
- Attend a minimum of two (2) support group meetings per week, not including aftercare
- Maintain full-time employment, attend school, or complete community service (or a combination of the three)
- Maintain a stable living environment
- Abide by a curfew as determined by the DUI Court Team
- Maintain a daily planner
- Continue to develop and maintain a financial responsibility plan
- Complete directed work within a treatment plan
- Maintain a sponsor
- Continue working a 12-step recovery program
- Twice daily PBTs or SCRAM or Interlock; Random PBTs as requested
- Random UAs as requested
- Begin a 40-hour community service project
- 90 days of continuous sobriety
- Satisfactory completion of an Application for Phase Movement to Phase 4

Phase 4

- Minimum of 90 days
- Monthly court appearances
- Report to supervision meetings as instructed
- Follow all directives of the DUI Court Team
- Attend a minimum of two (2) support group meetings per week, not including aftercare
- Maintain full-time employment, attend school, or complete community service (or a combination of the three)
- Maintain a stable living environment
- Abide by a curfew as determined by the DUI Court Team
- Maintain a daily planner
- Continue to develop and maintain a financial responsibility plan
- Complete directed work within a treatment plan
- Maintain a sponsor
- Complete satisfactory progress working a 12-step recovery program
- Twice daily PBTs or SCRAM or Interlock; Random PBTs as requested
- Random UAs as requested

- Complete a 40-hour community service project
- 90 days of continuous sobriety
- Satisfactory completion of a Pre-Graduation Life Plan

*You are allowed to drive during any of the phases with a legally obtained and Judge-approved work permit with the approval of the Team. You are required to participate in the 24/7 Program as required by law.

Graduation

Upon successfully completion of all four (4) phases, meeting graduation requirements, and upon recommendation of the DUI Court Team, you will graduate from DUI Court. The specific date of the graduation ceremony will be decided by the DUI Court Team and may not immediately occur upon completion of graduation requirements. You will be expected to continue to follow all DUI Court requirements until you have participated in the graduation ceremony.

Graduation for the DUI Court is recognized as a very important event. Your loved ones and friends will be invited to join you at a special ceremony as the DUI Court Team congratulates you for successfully completing all Phases of the DUI Court Program and for achieving your goal to establish a chemical-free life.

After graduation, you will remain under supervision of Court Services throughout the balance of your probationary sentence.

Graduation Requirements

- Successful complete Phase 4
- Satisfactory completion of a Pre-Graduation Life Plan detailing the progress of your participation in the DUI Court
- Satisfactory progress to pay all court fees on all current file(s)
- Satisfactory progress to pay all treatment costs
- Current on 24/7 Program payments
- 90 days continuous sobriety
- Meeting continuum of care requirements

- Acceptable full-time employment or school attendance
 - *Disability or other hindrances to full-time employment will be addressed and considered by the DUI Court Team as needed
- Acceptable housing
- In the DUI Court Program for at least one year
- Participate in the DUI Court graduation ceremony

Incentives

While individuals are participating in the DUI Court Program, you may be given incentives to reinforce positive behaviors. An incentive, or reward, is an acknowledgement by the DUI Court Team that you have reached a milestone, accomplished a specific goal or otherwise exhibited positive behavior or change. It is important to acknowledge achievements and progress in some tangible way. When you consistently and positively

participate in the DUI Court Program, you may receive incentives for maintaining sobriety and abiding by the conditions of the DUI Court Program.

Types of Incentives

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

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

Violations and Sanctions

While participating in the DUI Court Program, you will be given sanctions for any violations. A violation is a behavior or action that conflicts with the Program rules, policies or recommendations. A sanction is a response to a violation. The seriousness of the violation determines the severity of the sanction imposed. The objective of sanctions is to encourage you to continue to work towards recovery and treatment goals.

Any violations of the DUI Court Program rules, policies, or recommendations will result in the **immediate** imposition of sanctions, as determined by the DUI Court Judge or DUI Court Team. The DUI Court Team will individualize sanctions as deemed appropriate.

Types of Sanctions

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

<u>Inappropriate Behavior</u>	<u>Possible Sanction</u>
✓ Dishonesty	✓ Verbal reprimand;
✓ Disrespectful behavior	✓ Writing assignments;
✓ Failure to maintain journal	✓ Incarceration;
✓ Failure to attend AA meetings	✓ Additional drug testing;
✓ Breaking curfew requirements	✓ House arrest;
✓ Reporting late to PBT or UA	✓ Imposition of electronic monitoring;
✓ Testing positive on PBT or UA	✓ Residential placement;
✓ Submitting a tainted, adulterated, or diluted urine sample;	✓ Delay in phase progression or phase demotion;
✓ Failure to appear in DUI Court or for other scheduled appointments;	✓ Increased court appearances or increased reporting to Court Services;
✓ Tardiness to DUI Court, treatment, or scheduled appointments;	✓ Loss of driving privileges;
✓ Driving outside the bounds of a work permit;	✓ Additional community service hours;
	✓ Termination from the program;
	✓ Other sanctions as deemed appropriate;

Termination

The DUI Court Team is committed to giving you the opportunity to learn to become alcohol and drug free; however, your continued participation in the DUI Court program is contingent upon compliance with **ALL** program guidelines and regulation. Our goal is to help you achieve sobriety. We want you to succeed in the program, so termination is considered as a last resort.

Termination is evaluated on an individual basis. A decision to terminate participation will be made by the DUI Court Team. The decision to terminate may be made for any of the following reasons:

- 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 DUI Court
- Commission of a crime
- Failure to attend DUI 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 DUI Court Team finds sufficient for termination

Process for Termination

1. Any member of the DUI Court Team makes a motion for termination.
2. Your Court Services Officer will provide you with a written notification of the motion.
3. You will be advised by the DUI Court Judge during the next regularly scheduled DUI Court session of the allegations against you and of the intent to proceed with termination. You will be given the opportunity to choose whether or not you would like to have an attorney represent you at the termination hearing, and a termination hearing will be scheduled.
4. During the termination hearing, you will have the opportunity to admit or deny the allegations against you and to address the DUI Court Team concerning the possibility of termination. If a denial is entered, an evidentiary hearing will be scheduled.
5. After the Court session, the DUI Court Team will vote on termination.
6. If there is a majority vote for termination, you will be terminated from the Program.
7. If you are terminated, the DUI Court Judge shall advise you of your rights concerning potential probation revocation and appoint you an attorney. You will then be referred back to your original sentencing judge for sentencing modification.
8. You are required to participate in a termination interview and may be subject to a probation revocation proceeding.

Voluntary Removal

You may request removal from the DUI Court Program; however, you are advised to meet with your defense attorney before making this request. If you have been deemed an absconder from court services supervision while in the DUI Court Program, you will be considered to have voluntarily removed yourself.

Fees

Court Related Fees

You are required to keep up with your payments for court related fees. Court related fees can include but are not limited to the following:

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

You will be responsible to set up a payment plan with the Court Service Officer to present to the Team for approval.

Program Related Fees

You may be required to pay for testing, monitoring, and treatment while in the Program. Failure to make timely payments could result in delayed completion of the Program. The fees can include but are not limited to the following:

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



PENNINGTON COUNTY DUI COURT APPLICATION PROCESS

Once a DUI Court offer has been extended by the DUI Court Prosecutor:

1. The applicant reads through the Participant Manual with their defense attorney.
2. The applicant fills out and submits the following "Application to Pennington County DUI Court Program" and "Records Release Authorization" forms to the Pennington County DUI Court, in the Court Services Office of the Pennington County Court House.
3. The applicant meets with their defense attorney and the DUI Court Defense Attorney to complete the "Pennington County DUI Court Treatment Program Basic Understanding, Waivers and Agreements."
4. The applicant enters a guilty plea.
5. The applicant completes an updated drug and alcohol evaluation and provides a copy of the evaluation to the DUI Court Court Services Officer (CSO).
6. The applicant meets with the DUI Court CSO to complete a Presentence Investigation (PSI) and a Level of Service Inventory-Revised (LSI-R) risk/needs assessment.
7. The DUI Court CSO provides the discovery and evaluation to the DUI Court Team for review.
8. The DUI Court Team votes to accept or deny the pending application.
9. If accepted into the DUI Court program, the applicant's case is transferred to the Pennington County DUI Court Sentencing Judge for sentencing.

If sentenced to probation with DUI Court, the following forms must be completed:

- Consent for Disclosure of Confidential Substance Abuse Treatment Information
 - Pennington County DUI Court Publicity Consent
 - Consent for Disclosure of South Dakota Prescription Drug Monitoring Program Information
 - Pennington County DUI Court Participant Manual Receipt and Acknowledgement
10. If not accepted into the DUI Court program, the applicant is returned to the traditional legal process.

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



Unified Judicial System

Application to Pennington County DUI Court

Seventh 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 DUI/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 DUI/Drug 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 DUI/Drug Court Program."			
_____ Defense Attorney Signature Date		_____ Applicant Signature Date	

Pennington County DUI Court

Unified Judicial System

7th Judicial Circuit

Records Release Authorization (DUI Court Involvement)

I, _____ authorize
(Name of Client)

- The Pennington County DUI Court Team (to include the Judge, defense attorney, prosecutor, probation officers, treatment representatives, law enforcement, and other DUI Court team members)

AND

- Treatment Provider(s) (to be added once known):

(Name and address of treatment program)

To communicate and to disclose to one another the following information: results of substance abuse evaluation/Treatment Needs Assessment (TNA), pertinent medical and/or psychological information, drug test results, or other diagnostic test results, and:

(Extent and nature of any addition information)

The purpose or need for the disclosure is to **monitor my compliance with conditions of the DUI Court.**

I understand that this **consent cannot be revoked**, but will remain in effect until there has been a formal and effective **termination** of my involvement with the **DUI Court Program.**

Signature of Client

Date

Signature of Witness

Date

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Pennington County DUI Court

Unified Judicial System

7th Judicial Circuit

Records Release Authorization (Referral for Treatment)

I, _____ herby give permission to
(Name of Client)

(Name and address of treatment program who completed Substance Abuse Evaluation)

To release from my files the following information: results of substance abuse evaluation, involvement and requirements of the DUI Court Program, pertinent medical and/or psychological information, drug/alcohol screen/test results, other diagnostic test results, and:

(Extent and nature of any additional information)

This information is to **be released to any substance abuse treatment/service provider within a 200-mile radius.** The purpose or need for the disclosure is for referral to substance abuse services in compliance with the conditions of the DUI Court mandate. I understand that this **consent cannot be revoked**, but will remain in effect until there has been a formal and effective **termination** of my involvement with the **DUI court Program**

Signature of Client

Date

Signature of Witness

Date

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Pennington County DUI Court

Unified Judicial System

7th Judicial Circuit

Records Release Authorization (Personal/Reciprocal)

I, _____ herby give permission to
(Name of Client)

(Name and address of treatment program who completed Substance Abuse Evaluation)

To release from my files the following information:

(Extent and nature of any additional information)

This information is to **be released to:**

(Person/program/organization receiving consent for disclosure)

The **purpose** or need for the disclosure is:

(reason for the disclosure)

This **consent is subject to revocation** at any time except to the extent that action has been taken in reliance thereon, and will otherwise expire on/at:

(Date/Event/Condition/or N/A)

Signature of Client

Date

Signature of Witness

Date

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient



PENNINGTON COUNTY DUI COURT CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

I, _____, having agreed to enroll and participate in the Adult DUI 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 that it is unlawful to violate this confidentiality requirement unless I voluntarily consent to permit its disclosure.

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 DUI Court purposes. 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 a Participant's eligibility for DUI Court and treatment and supervision needs;
- Attendance at scheduled appointments;
- 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 DUI 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;
- 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 DUI Court Program: the DUI Court judge, the DUI Court team members, the employees engaged in the DUI Court operations and administration, court services officers in the DUI Court Program, treatment providers utilized by me during the DUI Court Program, the DUI Court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Adult DUI 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 DUI Court Program; and, to assess and comment on my progress in accordance with the DUI 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 DUI 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 DUI 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 DUI Court team.

I further understand that as an essential component of the DUI 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 redisclosure 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 redisclosure to third persons who may be in attendance at any of my DUI 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 DUI Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the DUI Court requirements, or upon sentencing for violating the terms of my DUI Court involvement.

SIGNATURE

DATE

WITNESS

DATE



PENNINGTON COUNTY DUI 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 DUI 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 DUI 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 one (1) year. It may take up to three (3) years, depending on my needs, abilities, and motivation to achieve nine (9) months of sobriety and meet Program objectives. 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 well-groomed and professionally dressed. 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 will have to 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 blood, 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 blood, 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 blood, 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 not 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, and 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). If the attorney who represents me in the criminal case is the same attorney who participates in the Drug Court, I waive any claim of conflict that might otherwise arise if that attorney is required to later represent me in court proceedings (for example, if I am terminated from the Drug Court Program). (____)

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 blood, 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 workweek. The 30-hour workweek 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. CURFEW: I agree to abide by a curfew as determined by the Drug Court Team. The curfew will have a beginning time when I am to be home and an ending time when I may leave. During my curfew, I may be on my property, as long as I am able to hear and get to the telephone. (____)
29. 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. (____)
30. FRATERNIZATION: I am not to engage in any sexual relationships with other Program participants. This type of fraternization is not conducive to a healthy treatment environment, and will not be tolerated by the Drug Court Program. (____)
31. 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. (____)
32. WAIVER OF RIGHT TO REMAIN SILENT: I give up my right to remain silent. I agree to fully and *HONESTLY* participate in all Drug Court meetings. (____)
33. PHOTOGRAPH: I agree to have my photograph taken for Drug Court files. (____)
34. 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. I am satisfied that I understand how the Program will affect my rights. 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. (____)
35. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Drug Court Judge for all purposes, including sanctions. (____)
36. 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. (____)

SIGNATURE OF DEFENDANT

DATE

SIGNATURE OF WITNESS

DATE



PENNINGTON COUNTY DUI COURT PUBLICITY CONSENT

I hereby consent to and authorize the use, publication and reproduction of all media by the DUI Court or anyone it authorizes, for all photographs/video taken of me, with or without names as the case may be, 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 DUI/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 DUI/Drug Courts. I hereby release the DUI 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 into it voluntarily and without coercion.

Print Name: _____

Address: _____

Phone: _____

Date: _____

Signature: _____



PENNINGTON COUNTY DUI COURT CONSENT FOR DISCLOSURE OF SOUTH DAKOTA PRESCRIPTION DRUG MONITORING PROGRAM INFORMATION

I, _____, having agreed to enroll and participate in the DUI 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 the Pennington County (Seventh Circuit) DUI Court (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 DUI Court with my case, specifically for supervision and treatment. All information obtained through the PDMP program will be kept confidential between the DUI 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 DUI Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the DUI Court requirements, or upon sentencing for violating the terms of my DUI Court involvement.

SIGNATURE

DATE

WITNESS

DATE



PENNINGTON COUNTY DUI COURT PARTICIPANT MANUAL RECEIPT AND ACKNOWLEDGEMENT

I, _____, acknowledge receipt of the Pennington County DUI 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.

Print Name: _____

Signature: _____

Date: _____

Court Services Officer Signature: _____