

2017

Yankton County Drug Court Participant Handbook



Yankton County Drug Court
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Why Drug Court?

In drug court, I have a chance to stay in the community and receive treatment instead of going to prison.

What is Drug Court?

Drug court participants go to treatment and to counseling as the court orders. By being in drug court, I can change my life and make it better.

If I agree to drug court, I will be sentenced to the program. During the time I am in drug court, I will have to 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.

You could be offered drug court if you are:

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

Who helps me get into drug court?

My attorney can help me decide if I should do drug court. They can help me fill out an application.

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

The Drug Court Team includes a judge, lawyers, probation officers, treatment people, 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 positive US'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. At first, I will attend court each week. While I am there, I will encourage my fellow participants by clapping at their progress.

Confidentiality?

To participate in drug court, I must sign a release that says the drug court team is able to 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 will have to do random drug and alcohol testing, sometimes every day, sometimes more than once a day. My name will be checked with the South Dakota Prescription Drug Monitoring Program to make sure I am not abusing prescription medications.

Phases of Drug Court

The Program generally consists of five (5) phases. Examples of each phase are explained in detail below. You are required to submit a written request to the Drug Court Team in order to advance to the next phase or graduate. Program length may vary, but is no less than eighteen months. Before graduating from the Program, you must complete a **Program Exit Survey**.

Phase 1

- Minimum of 30 days
- Court weekly
- Comply with treatment and supervision
- Develop case plan
- Weekly office visits
- Monthly home visits
- Random drug testing
- Curfew of 9:00 pm
- Address vocational needs
- Address housing needs
- Medical assessment
- Introduction to peer support groups
- Change people, places, and things
- No negative contact with Law Enforcement
- Develop wellness plan
- Make daily entries in planner/journal

In order to advance to next phase:

- Regular attendance at treatment, office visits, and honesty
- 14 days of continuous sobriety
- Complete application and present to the Court to move to Phase 2

Phase 2

- Minimum of 4 months
- Court weekly

- Comply with treatment and supervision
- Review case plan
- Weekly office visits
- Monthly home visits
- Random drug testing
- Curfew of 10:00 pm
- Peer Support Groups (e.g. 12 step groups)
- Seek and obtain a sponsor for peer support groups
- Maintain team approved housing
- See/obtain and participate in full time employment, training or education
- Address finances (budget assessment)
- Change people, places, and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to advance to next phase:

- Comply with treatment and supervision
- 60 days of continuous sobriety
- Complete application and present to the Court to move to Phase 3

Phase 3

- Minimum of 4 months
- Court bi-weekly
- Comply with treatment and supervision
- Review case plan
- Bi-weekly office visits
- Monthly home visits
- Random drug testing
- Curfew of 10:00 pm
- Peer Support Groups (e.g. 12 step groups)
- Maintain a sponsor for peer support groups
- Maintain fulltime employment, training or education
- Demonstrate change in people, places and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to advance to next phase:

- Comply with treatment and supervision
- Demonstrate change in people, places and things
- 60 days of continuous sobriety
- Complete application and present to the Court to move to Phase 4

Phase 4

- Minimum of 4 months
- Court monthly
- Comply with treatment and supervision

- Review case plan
- Bi-weekly office visits
- Monthly home visits
- Random drug testing
- Curfew of 11:00 pm
- Peer Support Groups (e.g. 12 step groups)
- Maintain a sponsor for peer support groups
- Maintain fulltime employment, training or education
- Demonstrate change in people, places and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to advance to next phase:

- Comply with treatment and supervision
- Demonstrate change in people, places and things
- 90 days of continuous sobriety
- Complete application and present to the Court to move to Phase 5

Phase 5

- Minimum of 4 months
- Court monthly
- Comply with treatment and supervision
- Review case plan
- Monthly office visits
- Monthly home visits
- Random drug testing
- Curfew of 12:00 am
- Peer Support Groups (e.g. 12 step groups)
- Maintain a sponsor for peer support groups
- Maintain fulltime employment, training or education
- Develop a continuing care plan
- Maintain change in people, places and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to commence:

- Comply with treatment and supervision
- Maintain change in people, places and things
- Submit formal relapse prevention plan
- Pay all fees on current Court file
- Pay all treatment related fees
- 90 days of continuous sobriety
- Submit an application to graduate

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 eighteen (18) months and will have to do all of the following to graduate.

Commencement Requirements

- Complete Phase 5
- Maintain change in people, places and things
- Pay all fees on current Court File
- Pay all treatment related fees
- 90 days continuous sobriety
- Full time employment
- Program approved housing
- Participated in Program for at least eighteen (18) months

Upon successfully completion of all five (5) phases, upon meeting graduations requirements, and upon recommendation of the Drug Court Team, you will graduate from Drug Court. Graduation from Drug 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 Drug Court Team congratulates you for successfully completing all phases of the Drug Court Program and achieving all the goals to establish a healthy lifestyle.

What happens when I have finished all 5 phases?

Once I have completed all 5 phases, I can apply for graduation or commencement from the program. 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 eighteen (18) months and will have to do all of the following to graduate.

Commencement Requirements

- Complete Phase 5
- Maintain change in people, places and things
- Pay all fees on current Court File
- Pay all treatment related fees
- 90 days continuous sobriety
- Full time employment
- Program approved housing
- Participated in Program for at least eighteen (18) months

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.

OTHER INFORMATION TO KNOW

What are 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.

Some examples of incentives:

Incentives can include but are not limited to the following.

- Progression in the Program
- Fishbowl drawing (gift cards to local businesses, etc.)
- Applause
- Acknowledgement from the bench
- Group incentives
- Paid minutes for cell phone
- Payment for GED testing
- School supplies
- Decreased supervision
- Decreased court attendance
- Supervised day trips
- Ticket to theatrical productions
- Medal to mark milestones
- Opportunity to tell story to the court
- Commencement

What are 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.

Some examples of Sanctions:

Sanctions can include but are not limited to the following:

- Increased court appearances
- Increased reporting to Court Services
- Additional drug testing
- Temporary incarceration
- Delay in phase promotion
- Temporary phase demotion
- Written assignments for court
- Verbal reprimand
- Additional community services hours
- House arrest
- Imposition of electronic monitoring

- Residential placement
- Daily written schedule
- Stricter curfew
- In-court apology
- Honesty journal
- Loss of driving privileges
- Termination

What are therapeutic adjustments

A therapeutic adjustment is a change in my treatment plan.

Some examples of Therapeutic Adjustments:

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

- Increased self-help meetings
- Increased drug/alcohol testing
- Journaling
- Motivational interview exercises
- Evaluation of possible medication
- Increased court appearances
- Increased treatment intensity
- Additional assessments or evaluations
- Residential treatment

What happens if I fail to follow the rules of the program?

When I fail to show up, try, and be honest and not follow the rules of the program, I can be terminated or fail 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 probation 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



Drug Court 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 _____ Court House.
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.
 - The Court Services Office will call you to schedule a LSI-R (Risk/Needs Assessment)
 - _____ will call you 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 Manual.
 - Drug Court Publicity Consent Form
 - Drug Court Treatment Program Basic Understanding, Waivers and Agreements
 - Drug Court Participant Manual Receipt and Acknowledgement



Unified Judicial System

Application to Yankton County Drug Court Program

First 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;
- 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;
- 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 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 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.

_____ 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 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 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 into it voluntarily and without coercion.

Print Name _____

Address _____

City, State, Zip _____

Phone _____

Date _____

Signature _____

**YANKTON COUNTY 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 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 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. 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



Yankton County Drug Court

Yankton County Safety Center · 410 Walnut Street
Suite 203 · Yankton, SD 57078
Phone: 605.668.3075 · Fax: 605.668.3093

DRUG/ALCOHOL TESTING CONTRACT

_____ I understand that I will be tested for the presence of alcohol and other drugs in my system on a random basis according to procedures established by the Drug Court team and/or my treatment provider. I understand that if I deny use of substances but test positive I can have the sample tested at a State-approved lab, at my own expense.

_____ I understand that I will be given a location and time to report for my test and that I must have a working phone on which I can be contacted at any time.

_____ I understand that it is my responsibility to report to the assigned location at the time given for my test.

_____ I understand that if I am late for my test, or if I miss my test, it may be considered as a positive test for alcohol or other drugs and I may be sanctioned.

_____ I understand that if I fail to produce a sample or if the sample provided is not of sufficient quality, it may be considered as a positive test for alcohol or other drugs and I may be sanctioned.

_____ I have been informed that the ingestion of excessive amounts of fluids can result in a diluted urine sample, and I understand that my urine sample will be tested to ensure the sample is not diluted.

_____ I understand that if I produce a diluted urine sample, it may be considered as a positive test for alcohol or other drugs and I may be sanctioned.

_____ I have been informed that the use of poppy seeds, herbal supplements, and cleansing/masking products can interfere with or mask urine testing.

_____ I understand that if I produce a masked urine sample, it may be considered as a positive test for alcohol or other drugs and I may be sanctioned.

_____ I understand that I cannot use any over-the-counter medication without the prior approval of my Court Services Officer.

_____ I understand that the use of any over-the-counter medication, without approval of my Court Services Officer, may be considered as a positive test for alcohol or other drugs and I may be sanctioned.

_____ I understand that if I go to a physician it is my responsibility to inform them that I am in Drug Court. I need to provide my Court Services Officer with a note from the physician indicating that they are aware of my participation in Drug Court.

_____ I understand that failure to inform the physician of my Drug Court status, and failing to provide my Court Services Officer with the physician's note acknowledging my status in Drug Court, may result in a sanction.

_____ I understand that substitution or altering my specimen, or trying to in any way modify my body fluids or other specimens for the purpose of changing the drug testing results, will be considered as a positive test for alcohol or other drugs. Any modification, dilution, or substitution will result in a sanction, and may be grounds for immediate termination from Drug Court.

DRUG COURT PARTICIPANT

DATE

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.

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____

Court Services Officer Signature: _____