Application

Application Process

1. Discuss Drug Court and the information in the Participant Handbook with your defense attorney.

2. We strongly advise you to attend a session of Drug Court, which is held every Wednesday at 2:00 pm. When court is over, you may meet with the Coordinator and the Court Services Office to ask any questions and discuss your interest.

3. Fill out and submit the following Consent for Disclosure of Confidential Substance Abuse Treatment Information and Application to the Treatment Court Office, which is located at Court Services, above the Beadle County Sheriff's Office.

4. **Once application is received** by the Treatment Court, you will be required to keep some appointments. These appointments must be completed before the Team will further consider your application.

   The Court Services Office will call you to schedule an

   ☐ LSI-R (Risk/Needs Assessment)

   Community Counseling Services will call you to schedule an appointment for a

   ☐ Treatment Needs Assessment, **AND** may include an appointment for a

   ☐ Mental Health Assessment.

   There will be paperwork you **must** complete for CCS **before** those appointments.

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

5. If you are accepted into the program, you must complete the following forms. The Court Services Officer will go over them with you before you sign them.

   ☐ Treatment Court Publicity Consent Form

   ☐ Treatment Court Participant Manual Receipt and Acknowledgement

   ☐ South Dakota Prescription Drug Monitoring Program Agreement

   ☐ Drug and Alcohol Testing Contract

Unified Judicial System

Beadle County Treatment Court Application

Return to: Treatment Court Coordinator Joan Nettinga at joan.nettinga@ujs.state.sd.us or to Court Services

Date of Application:	Referring Party:
Disability accommodations? ☐No ☐Yes	Accommodations Needed:
Interpreter needed? ☐No ☐Yes	Language Needed:
Full Name:	Date of Birth:
Other Names Used:	Gender:
Race:	Ethnicity: ☐Hispanic ☐Non-Hispanic ☐Unknown
Phone Number:	Email Address:
Current living arrangements: ☐Own ☐Rent ☐Hotel/Motel ☐With Friend/Family ☐Jail ☐Homeless	
Address:	
City:	State: / Zip Code:
Emergency Contact:	Relationship:
Address:	Phone Number:
Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed ☐Co-Habitating	
Significant Other:	
Address:	Phone Number:
Pregnant: ☐No ☐Yes ☐Yes-Significant Other	Paying Child Support: ☐N/A ☐No ☐Yes
Number of Children Under Age 18:	Number of Children Over Age 18:

Children

Full Name:	Date of Birth:	Full Name	Date of Birth:

Other Members of the Household

Full Name:	Full Name:	Full Name:

Driver's License Status: ☐None ☐Expired ☐Revoked ☐Suspended ☐Valid ☐ID ONLY	
Driver's License Number:	State:
State ID Number:	State:

Highest Education Grade Completed:	☐High School Diploma ☐GED ☐College Degree
Service the Military or Armed Forces? ☐No ☐Yes	Received Veterans Services? ☐No ☐Yes
Branch:	Discharge Date:
Rank at Discharge:	Discharge Reason:

Primary Source of Income:	Monthly Income: $
Employer & start date:	Supervisor:
Address:	Phone Number:
Assistance/Benefits: ☐None ☐WIC ☐TANF ☐VA ☐LIEAP ☐Child Support ☐SSI SSD ☐Voc Rehab ☐Unemployment ☐Food Stamps ☐Medicaid ☐Housing Assistance ☐Other	

Drugs of Choice: 1)	2)	3)
Current IV Drug Use: ☐No ☐Yes	History of IV Drug Use: ☐No ☐Yes	
History of Overdose: ☐No ☐Yes	Drug of Overdose:	Date of Overdose:
Previous Treatment: ☐None ☐Detox ☐Inpatient ☐IOP ☐Outpatient ☐Jail-Based ☐Individual ☐Co-Occurring ☐Inpatient Mental Health ☐ Outpatient Mental Health		
Currently in Treatment: ☐No ☐Yes	Where:	

Treatment Needs Assessment completed within the past 6 months: ☐No ☐Yes
If YES — Provide a copy to the Treatment Court Coordinator

Medical Insurance: ☐None ☐Medicaid ☐Medicare ☐VA ☐Federal ☐State ☐Private

Mental Health Provider:	**Medical Provider:**
List all MENTAL HEALTH diagnoses:	List all MEDICAL conditions:
List all MENTAL HEALTH medications:	List all MEDICAL medications:

Number of Law Enforcement Contacts:	Age of First Arrest:	
Current Charges:		BAC, if applicable:
Defense Attorney:		
Are you currently on probation? ☐No ☐Yes	Probation Officer:	
Previous **Treatment Court** Participation? ☐No ☐Yes	Court:	When:
Have you ever been sentenced to prison: ☐No ☐Yes	When:	

The Treatment Court Team will determine whether you are eligible for the program. **By signing this application, you agree to allow court services officers, treatment providers and mental health providers to conduct necessary interviews to determine eligibility and share that information with the rest of the team.** By signing below, the applicant acknowledges that she/he has had an opportunity to discuss this matter with counsel and that she/he understands her/his Boykin rights, and freely and voluntarily agrees to participate in the process required to create the Level of Service Inventory (LSI) and to that end waives his/her Boykin rights for the purpose of completing the LSI.

Applicant Signature	Date	Defense Attorney 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 that 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;
- Attendance at support group meetings;
- 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 disclosure of confidential treatment information to individuals who have not been individually and specifically authorized to receive such information. Therefore, **I hereby specifically consent to any potential disclosure to third persons who may attend any of my Drug Court sessions.**

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

Recipients of this confidential information may re-disclose it only in connection with their official duties***. I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.***

_____ Date _____
Drug Court Participant

_____ Date _____
Witness