

Veterans Court

Participant Handbook



Second Judicial Circuit

425 N Dakota Ave

Sioux Falls SD 57104

Updated 06.16.2025



Contents

Welcome Letter from Judge	4
Your Team.....	5
Defense Attorney	6
Mission Statement.....	7
Eligibility Criteria	7
Application Process for Veteran Court	7
Why Veterans Court?.....	8
Court Requirements	9
Veterans Court Tracks and Phases	9
Track 1	9
Track 2	9
Track 1 Phases & Requirements.....	9
Track 2 Phases & Requirements.....	11
Veterans Court Mentorship.....	13
Court Sessions.....	14
Program Requirements	15
Confidentiality	16
Veteran Court Costs.....	19
Drug Testing.....	19
Prescription Medication Policy	21
Incentives, Sanctions, and Therapeutic Adjustments.....	21
What happens if I Fail to Follow the Rules of Veterans Court?	22
Process for Termination.....	23

Voluntary Removal	24
Service Agencies.....	24
VA	24
Southeastern Behavioral Health.....	25
Complaint Policy	26
Emergency Procedures	26
Infection Control Policy	26
FAQ	27
IMPORTANT PHONE NUMBERS	27
Participant Handbook Receipt and Acknowledgement Form.....	29
CONSENT FOR DISCLOSURE OF CONFIDENTIAL	30
SUBSTANCE ABUSE TREATMENT INFORMATION	30
Publicity Consent /Release Form	33
PROBLEM-SOLVING COURT TREATMENT PROGRAM BASIC UNDERSTANDING, WAIVERS AND AGREEMENTS	34
SOUTH DAKOTA PRESCRIPTION DRUG MONITORING PROGRAM..	41

Welcome Letter from Judge

Hello,

I want to be one of the first people to congratulate you on your acceptance into the 2nd Circuit County Veteran's Treatment Court. My name is Eric Johnson, and I have the honor of serving as the Judge in our program. The Veteran's Treatment Court team is dedicated to helping you get well, achieve your goals, and successfully complete the requirements of this program.

Please read this handbook carefully, as it is designed to help you be successful in this court. You are responsible for understanding the expectations and requirements of Veteran's Court. In the upcoming months, you will find that this handbook will serve as a roadmap to achieve your goals.

Please understand – there will be challenges as you work your way through this program. It will take hard work and commitment. However, as a team, we plan to provide you with all the support that you need to be successful. You have made a great choice to participate in this treatment court, and you have shown that you are dedicated to making positive changes. We look forward to helping you improve the quality of your life as you complete the program requirements.

Sincerely,

Veteran's Court Judge Eric Johnson

Your Team

Judge Eric Johnson

Judge Alison Nelson

Nichole Larive – Veterans Court Coordinator

Michaela Gasca – Veterans Justice Outreach

Jon Lucero –Mental Health Counselor

Kent Ernster – Court Services Officer

Kylie Beck – Public Defender

Marya Tellinghuisen – Prosecutor

Sgt. Zac Cegelske – Minnehaha County Sheriff's Office – Veteran

Sgt. Eric Meyer – Sioux Falls Police Department – Veteran

Lt. Kurt Schaunaman – Minnehaha County Sheriff's Office

Tyler Grotewold - Veteran's Service Officer

Paul Miller - Veteran's Outreach Program Specialist

Dez Kincaid – Veteran Mentor Coordinator -Veteran

The Judge and the team are here to help you, but the final responsibility is yours. We know that with hard work, honesty, and dedication to recovery you will be successful.

Defense Attorney

Veteran Court Defense Attorney will be your defense attorney the whole time you are in Veterans Court. You have the right to get your own attorney if you want. Even though Attorney is a member of the Veteran Court Team, she is also **your attorney**. As your attorney, you will have the attorney-client privilege, which allows you to share privileged and confidential information with her which she cannot share with the Team unless you give her permission to do so.

Attorney's job is to help you understand your rights and the requirements of the Veteran Court program. The Veteran Court Judge makes all final decisions, but Attorney will advocate for you to the Judge and the Team.

Attorney will defend your legal rights, make sure you get fair and equivalent treatment, and share your view on things like incentives and sanctions, phase advancement, and graduation or termination. Attorney will represent you in evidentiary hearings if you want to question the facts used to decide on sanctions or terminations. Attorney will also represent you if you are facing termination from Veteran Court and if you are facing a Probation Violation after termination from Veteran Court, unless you request a different attorney.

Attorney will attend Veteran Court sessions, and she can answer questions you might have during Veteran Court. You should contact her **before** Veteran Court if possible to talk about any issues that might come up. You can reach her at (605) 367-4242.

Mission Statement

The mission of the 2nd Circuit Veterans Treatment Court is to enhance public safety and help Veterans in the justice system become law-abiding, productive citizens through rigorous supervised probation that includes mental health and substance abuse treatment, while holding the participants accountable for criminal behavior.

Eligibility Criteria

- At least 18
- Prior service in the U.S. Armed Forces
- Facing felony or misdemeanor charges
- Qualification based on risk/needs assessment
- Pass legal screen for entry into the Veterans Court program
- Living in Lincoln or Minnehaha County
- Willing to participate in the Veterans Court

Application Process for Veteran Court

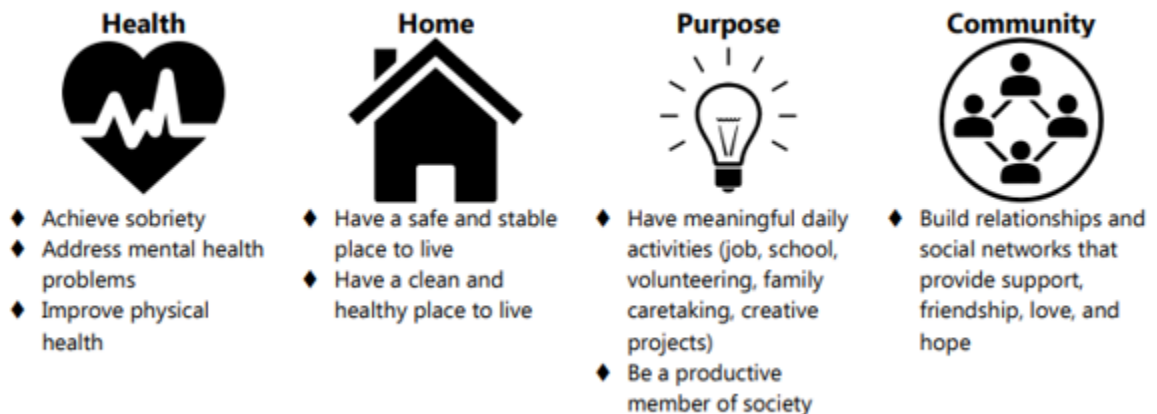
- ✓ Meet with your lawyer and complete the application. Please bring a copy of your DD214 or NGB-22.
- ✓ Return the application to the Veterans Court Coordinator:
 - Nichole Larive: 605-201-9395
 - nichole.larive@ujs.state.sd.us

- ✓ Contact **Kent** CSO, to schedule risk/needs assessment.
- ✓ The CSO will connect you to treatment for an assessment.
- ✓ When everything is completed your lawyer will receive notification if you are approved or denied for Veterans Court.

Why Veterans Court?

Veterans Court will give you tools to change your life and a chance to break the cycle of substance use and crime. The court uses supervision, mentorship, treatment, and drug testing to help you change.

VETERANS COURT GIVES YOU A CHANCE TO IMPROVE YOUR:



Court Requirements

Veterans Court is divided into two tracks. Your Court Service Officer will tell you what track you are in. It is your responsibility to review your requirements for your track and phases and follow those directions. You must follow the rules of the Veterans Court and the directions given by the Veterans Court Judge and Veterans Court team. Read this handbook carefully. It tells you what to expect in Veterans Court.

Veterans Court Tracks and Phases

Track 1

- Minimum 13 months long

Track 2

- Minimum 15 months long

Your Court service officer will tell you what track you are in. The track you are placed in is determined by the assessments completed when you applied to Veterans Court. Based on performance and needs the team can determine to change tracks at any time during the program.

Track 1 Phases & Requirements

Phase 1 –60 days. Focus on developing treatment and case management plan.

Requirements: Make all scheduled appointments. Bi-weekly Court attendance at 9:30 AM. Bi-weekly means that you will attend court every two weeks.

Within 15 days one face-to-face meeting with CSO, meet with CSO at least 1x a month.

Comply with supervision requirements.

Comply with all substance abuse testing required of you. Comply with all treatment recommendations. Connect with Mentor, must meet at least 2x before moving forward in phase. Complete Social Support Questionnaire (SSQ) with CSO. Assess housing. 30 sober days before moving forward to the next phase.

Phase 2 –90 days. Focus on engagement with treatment.

Requirements: Make all scheduled appointments. 1x monthly court attendance at 9:30 AM. Meet with CSO 1x a month in the office. Comply with supervision requirements. 1x home visit. Comply with all substance abuse testing required of you. Comply with all treatment recommendations. Engage with Mentor. Begin working, attending school, or work training. Support groups 1x weekly. Work on budget, and other services (parenting, prosocial activities, medical concerns). At least 60 consecutive sober days.

Phase 3- 120 days. Focus on engagement with programming.

Requirements: Make all scheduled appointments. 1x monthly court attendance at 9:30 AM. Meet with CSO 1x a month in the office. Comply with supervision requirements. 1x home visit. Comply with all substance abuse testing required of you. Comply with all treatment recommendations. Engage with Mentor. Continue working, attending school, or work training. Support groups 2x weekly. Address budget, and ancillary services (parenting, prosocial activities, medical concerns). Create a relapse prevention plan. At least 90 consecutive sober days.

Phase 4- 120 days. Focus on sobriety and creating a successful completion plan.

Requirements: Make all scheduled appointments. Attend court 1x in this phase at 9:30 AM. 1 court appearance in the 3 months of phase. Meet with CSO 1x in phase. Complete the Veterans Treatment Court Social Support Questionnaire (SSQ). Comply with supervision requirements. Comply with all substance abuse

testing required of you. Comply with all treatment recommendations. Engage with Mentor. Continue working, attending school, or work training. Ensure safe/stable/sober housing. Support groups 2x weekly. Continue to address budget, and ancillary services (parenting, prosocial activities, medical concerns)/follow recommendations. Create a relapse prevention plan. At least 120 consecutive sober days. Have created a budget plan with CSO and begin working on payment towards fines.

Graduation requirements: treatment recommendation made for graduation supported by CSO and team. Completed all necessary treatment programs (or as appropriately in progress as indicated by the counselor) (DV/MRT/CD treatment/MH treatment). Have safe stable housing and be working, attending school, or work training.
Complete graduation application.

Track 2 Phases & Requirements

Phase 1 –60 days. Focus on developing treatment and case management plan.

Requirements: Make all scheduled appointments. Bi-weekly Court attendance at 9 AM. Bi-weekly means that you will attend court every two weeks. Meet with CSO 1x weekly. 1x home visit monthly. Comply with supervision requirements. Comply with all substance abuse testing required of you. Comply with all treatment recommendations.

Connect with Mentor, must meet at least 2x before moving forward in phase. Complete Social Support Questionnaire (SSQ) with CSO. Assess housing. 30 sober days before moving forward to the next phase.

Phase 2 –90 days. Focus on engagement with programming.

Requirements: Make all scheduled appointments. Bi-weekly Court attendance at 9 AM. Bi-weekly means that you will attend court every two weeks. Meet

with CSO 1x weekly. Comply with supervision requirements. 1x home visit monthly. Comply with all substance abuse testing required of you. Comply with all treatment recommendations. Continue to engage with Mentor. Begin working, attending school, or work training. Support groups 1x weekly. Address budget, and ancillary services (parenting, prosocial activities, medical concerns). At least 60 consecutive sober days.

Phase 3- 90 days. Focus on engagement with treatment, compliance with supervision, and engagement in the recovery network.

Requirements: Bi-weekly Court attendance. Bi-weekly means that you will attend court every two weeks.

Meet with CSO 1x weekly. Comply with supervision requirements. 1x home visit monthly. Comply with all substance abuse testing required of you. Comply with all treatment recommendations.

Continue to engage with Mentor.

Continue working, attending school, or work training. Support groups 2x weekly. Address budget, and ancillary services (parenting, prosocial activities, medical concerns). Create a relapse prevention plan. At least 60 consecutive sober days.

Phase 4- 90 days. Focus on sobriety and creating a successful completion plan.

Requirements: Make all scheduled appointments. Court attendance monthly at 9 AM. Meet with CSO 3x a month. 1x home visit monthly.

Comply with supervision requirements.

Comply with all substance abuse testing required of you. Comply with all treatment recommendations. Continue to engage with Mentor. Continue working, attending school, or work training. Ensure safe/stable/sober housing. Support groups 2x weekly.

Continue to address budget, and ancillary services (parenting, prosocial activities, medical concerns)/follow recommendations. Create a relapse prevention plan. At least 90 consecutive sober days.

Phase 5 -120 days.

Requirements: Make all scheduled appointments. Court attendance monthly. Meet with CSO 3x monthly. 2x in-office and 1x random field visit monthly. Comply with supervision requirements. Comply with all substance abuse testing required of you.

Comply with all treatment recommendations. Continue to engage with Mentor. Continue working, attending school, or work training. Ensure safe/stable/sober housing.

Support groups 2x weekly.

Continue to address budget, and ancillary services (parenting, prosocial activities, medical concerns)/follow recommendations. Create a relapse prevention plan. At least 120 consecutive sober days.

Graduation requirements: treatment recommendation made for graduation supported by CSO and team. Completed all necessary treatment programs (or as appropriately in progress as indicated by the counselor) (DV/MRT/CD treatment/MH treatment). Have safe stable housing and be working, attending school, or work training. Complete graduation application.

Veterans Court Mentorship

The mission of the 2nd Circuit Veterans Court Mentor Program is to ensure that every participating Veteran has a fellow Veteran who acts as a mentor, advocate, and positive support person.

In Veterans treatment court, volunteer Veterans engage, encourage, and empower their fellow Veterans to change their lives, ensuring that together we will "Leave no Veteran behind."

Court Sessions

Veteran Court sessions are held bi-weekly on Wednesdays. Track 1 will attend at 9:30 AM and Track 2 will attend at 9 AM. How often you must come is based on your phase/track. Court appearances are mandatory, and failure to appear will result in a bench warrant for your arrest. Being late to court will result in a sanction from the court.

Location: 425 N. Dakota Ave., Sioux Falls, SD 57104

While at Court:

Be on time. Be respectful to the Judge, the team, and your fellow participants.

Turn off your phone.

Be quiet and pay attention. You should be dressed appropriately always and maintain adequate personal hygiene.

Do not wear anything too tight or revealing. Do not wear hats, bandanas, or do-rags. No sunglasses or clothes with drug/alcohol logos or gang symbols.

During court, be supportive of your fellow participants and encourage them with applause.

Program Requirements

Show up and be on time

As a participant, you will need to go to a lot of different appointments for treatment, counseling, and other types of services. If you need to change any appointment, you must do it at least 24 hours before the appointment starts. Contact the provider to approve.

It is your responsibility to set up your appointments, keep track of them, and go to the appointments as scheduled. You will be provided with a planner, and the team will help you fill it out. It is very important to keep these appointments and to be on time. Being late or missing appointments can result in sanctions.

Follow your probation plan

Your court service officer will tell you all the rules and expectations of probation. You must follow and fully obey all instructions from your CSO. Non-compliance will result in a violation of probation. You are expected to keep all appointments, be on time, and be respectful to all probation staff.

You are expected to follow all conditions of probation.

You shall obey all federal, state, and tribal laws and municipal ordinances. You will contact your Court Services Officer within 24 hours if you have any contact with law enforcement.

You are not allowed to have any weapons in your possession. You are not able to purchase, sell or receive any firearms, ammunition, or explosive devices.

Follow your treatment plan

Your treatment plan is unique and tailored to fit you. Do not compare your treatment plan to another participant. You are here to focus on your recovery. If you have questions about your treatment plan contact a member of treatment. Your treatment plan will be made by you and your counselors. You will get both addiction and mental health treatment.

You will be in both individual and group sessions. The team will talk regularly about how you are doing in treatment.

Confidentiality

To participate in Veterans Court, you must sign a release that says the Veteran Court team can share information about your progress during team meetings. Court hearings are open to the public.

The Veteran Court team and counselors make every possible effort to ensure your personal information is protected.

Honesty is always the best policy

Thousands of people overcome their struggles with substance abuse or mental health every year, but it is not easy. Your success will take your best effort. Your best effort includes being truthful to everyone involved in your recovery.

Ask for help

The entire Veteran Court team wants you to succeed. If you are struggling, or have questions or concerns about anything, ask for help. You are not in this alone.

Important things you should tell probation:

- If you used alcohol or any mind-altering substance.
- Any change to your phone number.
- All changes to work or school schedule.
- All medications, pills, and supplements you are taking.
- If you had contact with the police or have been arrested.

Follow all directions of the Veteran Court Team

Follow all laws. Do not commit any crimes. Do not threaten anyone or commit any violent acts. Tell your CSO right away if you have contact with the police (even if it was not your fault).

Housing

Live in a safe and sober place that supports your recovery.

Tell probation where you are living and who you are living with. Do not have unapproved guests or visitors, and do not let someone move in without permission. Do not move without permission. The team might require you to move if you are not living in a safe and sober place that supports your recovery.

Driving

- **You are not allowed to drive without a valid Driver's License.**
- **You are not allowed to drive without vehicle insurance.**

Employment

During your time in Veterans Court, you must be employed or enrolled full-time in a school or job training. Employment, schooling, or training must be approved by the team. If you lose your job or are removed from a program, you will tell your CSO immediately.

Do not Gamble

Gambling is just as addictive as drugs and alcohol. DO NOT go into casinos or gaming/gambling businesses. Do not play games of chance, lottery, or any kind of betting for money, prize, or something of value.

Stay home during your curfew – your CSO will alert you of your curfew.

Ask if you have any questions about when you are supposed to be home.

Out-of-town overnight trips need to be approved by your CSO.

Use and update your daily planner

You will be provided a planner.

Write all your appointments and daily activities in your Veterans Court planner.

Big Purchases

All major purchases over \$500 need to be approved by the team after a budget is created.

Veteran Court Costs

You are required to pay your court costs, fines, fees, lawyer fees, and any other money ordered at sentencing. Work with your CSO to make a payment plan. Payment on fines will be a requirement for graduation.

Program Related Fees

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

- 24/7 Program
- SCRAM
- Interlock
- Other

Drug Testing

Drug Testing is frequent and random during the entire program. There is a minimum of 28% chance of being tested daily including on weekends and holidays. **Every day you will call into the drug testing system to determine if you will be tested.**

- Phone Number: 605-307-3636

Monday through Friday testing

425 N. Dakota Ave., Sioux Falls, SD 57104

7:30AM – 10:30AM

Saturday and Sunday

Minnehaha County Jail 24/7 desk

305 W. 4th St., Sioux Falls, SD 57104

7:00AM – 9:00AM

Positive tests will be reported to the team, and an appropriate therapeutic adjustment and/or sanction will be given.

Positive UAs will result in loss of program sober days

Missed UAs will result in loss of program sober days

Do not have drugs or alcohol in your possession

Do not use drugs or alcohol

Sobriety is a focus of the Veterans Court program. A sober life is important to your recovery. Stay away from establishments whose main business is the sale of alcohol, unless permitted by your CSO. Do not use or have any drugs or alcohol with you, in your home, or in your vehicle.

Being honest if you used drugs or alcohol before a drug test will almost always lessen the sanction you may receive.

The following substances are not allowed:

Kratom, CBD, delta-8 CBD, delta-10 CBD, THC V, O, and other variants, spice/K2, synthetic drugs, flakka, bath salts, tia, and any other substance labeled not for human consumption.

Poppy seeds are not allowed.

Do not use any herbal or over-the-counter medications without talking with your counselor and CSO.

Prescription Medication Policy

If your doctor gives you any medication in response to an illness or injury, you must:

- Tell your court service officer
- Bring in documentation of any medication you are given
- You must sign a release allowing Veterans Court staff to talk with your doctor about your use of the medication

The emergency room should be used for life-threatening situations only.

Incentives, Sanctions, and Therapeutic Adjustments

The court uses incentives, sanctions, and therapeutic adjustments in response to your actions and treatment needs.

Incentives

An incentive is an acknowledgment by the Veterans Court Team that you have reached a milestone or have completed a goal towards your life in recovery. As you progress through Veterans Court you will receive incentives from the Veterans Court team. Incentives may be received for a variety of behaviors/achievements.

Examples of incentives are:

- Gift cards
- Phase advancement
- Permission to travel
- Medals/Coins

Therapeutic Adjustments

A therapeutic adjustment is a change in the treatment plan. Therapeutic adjustment can include, but is not limited to:

- Increased self-help/peer support meetings
- Increase in substance testing
- Journaling
- Motivational interviewing exercise
- Residential treatment

These adjustments are made with input from your counselors to assist you in reaching your treatment goals.

Violations and Sanctions

Sanctions are given for not following the rules of the program. The Veterans Court Judge and the team will discuss sanctions based on any violations. The Veterans Court Judge will administer sanctions in court.

Sanctions can include, but are not limited to, the following:

- Verbal warning
- Extended phase time
- Incarceration
- Daily check in's
- Community service

What happens if I Fail to Follow the Rules of Veterans Court?

When I fail to follow the rules of the program, I can be terminated from Veterans Court.

Some examples of reasons to terminate are:

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

- Violating rules of the Veterans Court
- Concern for public safety
- Driving without a valid Driver's License
- Driving under the influence
- Commission of a crime
- Failure to attend Veterans Court hearings
- Absconding from a treatment program
- Absconding from Veterans Court
- Drug dealing
- Evidence that participant is involved in any threatening, abusive, or violent verbal or physical behavior towards anyone
- Tampering with drug/alcohol screening tests
- Failure to make satisfactory progress
- Any other grounds that the Veterans Court Team finds sufficient for termination

Process for Termination

1. A member of the Veterans Court Team makes a motion for termination.
2. Your court service officer will give you a written copy of the possible violations.
3. A lawyer will be appointed to represent you.
4. You and your lawyer will have a hearing and a chance to address the Veterans Court Team.
5. The Judge makes the final decision if you will stay in the program.

Voluntary Removal

You may request to be removed from the Veterans Court Program. Before the team will consider your request, you must visit with your defense lawyer.

Service Agencies

VA

Sioux Falls VA Health Care System Veteran Justice Outreach

Helpful Websites

Department of Veterans Affairs:
<http://www.va.gov>

Record Request (DD214):
<http://www.archives.gov/veterans/evetrecs/index.html>

Enroll/Update for VA Benefits:
<https://www.1010ez.med.va.gov/sec/vha/1010ez/Form/vha-10-10ez.pdf>

Health Care for Homeless Veterans
Homepage:
<http://www1.va.gov/homeless/>

Health Care for Reentry Veterans
Homepage:
<http://www1.va.gov/homeless/page.cfm?pg=38>

Helpful Phone Numbers

Sioux Falls VA Regional Office
Toll Free: 1-800-827-1000

Crisis Hotline for Veterans
Toll Free: 1-800-273-TALK (8255), option #1

National Call Center for Homeless Veterans:
Toll Free: 1-877-424-3838
(1-877 4AID-VET)

Sioux Falls VA Health Care System Veteran Justice Outreach

Michaela Gasca, MSW, CSW-PIP
Health Care for Re-entry Veterans
(HCRV) Specialist
Michaela.Gasca@va.gov
605-336-3230, Ext. 7762
1-800-316-8387, Ext. 7762
Fax—605-373-4149

Kristy Anderson, MSW, CSW-PIP
Homeless Coordinator
Kristi.Anderson@va.gov
605-336-3230, Ext. 6135
1-800-316-8387, Ext. 6135

VJO Initiative

"The purpose of the VJO initiative is to avoid unnecessary criminalization of mental illness and extended incarceration among veterans by ensuring that eligible veterans in contact with the criminal justice system have access to Veterans Health Administration (VHA) mental health and substance services."

Source: Department of Veterans Affairs,
April 2009.
Under Secretary for Health Information

Sioux Falls VA Health Care System
2501 W 22nd St.
PO Box 5046

Southeastern Behavioral Health



Southeastern Behavioral HealthCare is a private, non-profit agency that has emphasized the importance of emotional wellness – not only for individuals but also for entire communities. Since 1952, Southeastern has been serving the four-county area of Lincoln, McCook, Minnehaha and Turner counties. Southeastern is one of 11 Community Mental Health Centers in South Dakota dedicated to providing quality services to keep our individuals, families, and communities emotionally strong and healthy. Today, Southeastern serves more than 5,000 children, adults, and families each year.

Services provided to individuals in drug court may include:

- Individual mental health therapy
- Psychiatry services
- Medication management services
- Case management services
- Moral Reconnection Therapy (MRT)
- Dialectical Behavioral Therapy (DBT)
- Seeking Safety
- Wellness Recovery Action Plan (WRAP)
- Charting a New Course

» www.southeasternbh.org »

Community Support Services
100 West 5th Street
Sioux Falls, SD 57104
Phone (605) 336-0503
Fax (605) 336-0873

Counseling and Children's Services
2000 South Summit Avenue
Sioux Falls, SD 57105
Phone (605) 336-0510
1-866-258-6954 ~ Fax (605) 336-3779

Education and Integration Services
500 East 54th Street North
Sioux Falls, SD 57104
Phone (605) 335-8956
Fax (605) 338-9385

Complaint Policy

You have the right to file a complaint if you feel you have been treated unfairly by a team member. Please contact the Veterans Court Coordinator, **Nichole Larive**. If the coordinator is the source of the complaint, then please contact the Problem-Solving Court Director, Noreen Plumage.

Nichole Larive: 605-201-9395

Noreen Plumage: 605-773-4161

Emergency Procedures

Situations may arise that require us to adjust the actions in this handbook. Such situations may include a natural disaster, a pandemic, or other public health emergencies.

The team may need to adjust the following:

- drug-testing procedures
- the way you attend treatment
- communicate with your counselors
- report to the court and/or probation

These adjustments will be limited to the time of the emergency.

Infection Control Policy

The Veterans Court team cares about your health.

Veterans Court will take steps to minimize exposure to diseases at the courthouse.

If you are exposed to a transferable disease stay home and seek medical attention.

You are expected to tell your court service officer as soon as possible.

Remote access to court will be utilized where appropriate.

FAQ

What treatment options are available?

Treatment is required in Veterans Court. A participant can go to detox, inpatient, outpatient, or residential treatment. The level of treatment is based on the participant's clinical needs for recovery.

What other services are provided?

The Veterans Court team will work with each participant to get employment, education, housing, health care, and any other needs you may have.

What happens if a drug test comes back positive?

Addiction is hard to beat. The Veterans Court team understands this and responds to positive drug tests with varying degrees of therapeutic adjustments or sanctions depending on the phase and progress in the program.

IMPORTANT PHONE NUMBERS

Probation office: 605-367-5930

- Kent Ernster

Clerk of Courts: 605-367-5900

Coordinator: 605-201-9395

VJO: Michaela 605-336-3230 ext. 7762

605-585-3892

Southeastern Behavioral Health: 605-336-0503

Emergency: 911

Helpline: 211



Participant Handbook Receipt and Acknowledgement Form

I have been given a copy of the *Participant Handbook*. I will read and follow the rules of the program.

Participant Name Printed:	
Participant Signature:	
Date:	



CONSENT FOR DISCLOSURE OF CONFIDENTIAL

SUBSTANCE ABUSE TREATMENT INFORMATION

I, _____, having agreed to enroll and participate in the Problem-Solving 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 Problem-Solving 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 Problem-Solving 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 Problem-Solving Court Program: the Problem-Solving Court judge, the Problem-Solving Court team members, the employees engaged in the Problem-Solving Court operations and administration, court services officers in the Problem-Solving Court Program, treatment providers utilized by me during the Problem-Solving Court Program, the Problem-Solving Court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Problem-Solving 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 Problem-Solving Court Program; and, to assess and comment on my progress in accordance with the Problem-Solving 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 Problem-Solving 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 Problem-Solving 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 Problem-Solving Court Team.

I further understand that as an essential component of the Problem-Solving 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 Problem-Solving 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 Problem-Solving Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Problem-Solving Court requirements, or upon sentencing for violating the terms of my Problem-Solving Court involvement.*

_____ Date _____
Problem-Solving Court Participant

_____ Date _____
Witness

Publicity Consent /Release Form

I accept and approve the use, print, and copy of all media by the Problem-Solving Court. This includes all pictures or videos taken of me. My name may or may not be included for media, promotional, educational, and other purposes. I realize this coverage may use my picture, with or without further explanation. This could be alone or with other pictures, in a story, on a website, or on a cover of any or all public materials for Problem-Solving Court.

I release the Problem-Solving Court, its staff and employees, or anyone it authorizes, from all claims relating to or arising from the use of the consented items above.

I am over eighteen years of age. I have read this agreement or have had it read and explained to me. I fully understand what it means. I have signed this on my own free will without force.

Name:	
Address:	
City:	
State:	
Zip Code:	
Telephone:	

This consent/release will remain in use and cannot be revoked by me until:

- Successful completion of the Problem-Solving Court
- Discharge from court-ordered supervision or probation
- Termination of my involvement with the Problem-Solving Court
- Sentencing for violating the terms of my Problem-Solving Court involvement

Signature:	
Date:	

PROBLEM-SOLVING COURT TREATMENT PROGRAM BASIC UNDERSTANDING, WAIVERS AND AGREEMENTS

Defendant's Name:

Address:

Date of Birth: ____/____/____

Phone Number(s): _____

I UNDERSTAND:

As a condition for participation in the Problem-Solving 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 Problem-Solving Court Treatment Program enumerated below:

1. **LEGAL WAIVER:** I do hereby release and forever discharge the complaining witnesses, victim(s), the Problem-Solving Court Judge, the State's Attorney's Office, the Defense Attorney on the Problem-Solving Court Team, the Court Service Officer(s), the Problem-Solving 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 Problem-Solving 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 Problem-Solving 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 Problem-Solving Court Team. The Team and Court may consider

any such information in deciding whether I remain in the Problem-Solving Court Treatment Program. (____)

3. STATUS OF PROGRAM: I have no legal right to participate in the Problem-Solving 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. Average program length is 12 to 24 months, depending on my needs, abilities, and motivation to meet Program objectives. Upon successful completion of Problem-Solving Court, I may be ordered to complete the remainder of my probation period on standard probation. (____)
5. GENERAL REQUIREMENTS: I must attend all Problem-Solving Court sessions, 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 Problem-Solving 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. COMMUNITY SUPPORT GROUP MEETINGS: You will be required to attend community support group meetings as part of your treatment plan. The Problem-Solving Court may provide secular group alternatives if you so choose. Your choice of community support group is voluntary, although you must choose one of the possible alternatives given by the Problem-Solving Court Team and your treatment provider. If you decide to change groups, your treatment provider and the Problem-Solving Court Team must first approve the change. Your attendance at group meetings will be recorded, and you will be subject to sanctions for not attending. (____)

8. TERMINATION: I can quit the Program at any time but I must meet with the Problem-Solving Court Judge and Team to discuss my reasons for this decision and they may delay my withdrawal from the Program for a reasonable amount of time to make sure my decision is firm. If I voluntarily terminate myself from the Program, abscond from the Program, or am involuntarily terminated, I understand that I will be subject to revocation of my suspended sentence. (____)
9. 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. (____)

10. 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. As a condition of my participation in the Problem-Solving Court Program, I do not have a right to an Evidentiary Hearing to contest the imposition of most sanctions. I do have the right to a Hearing to contest sanctions that may result in a loss of liberty, including jail sanctions. The Judge may also terminate me from the program. (____)
11. COMMISSION OF A CRIMINAL OFFENSE: If I commit an additional criminal offense, excluding minor traffic offenses, I may be terminated from the Program. (____)
12. COURT PROCEEDINGS: The Problem-Solving Court proceedings will be informal and performed in open Court. Clothing bearing drug or alcohol related themes, or promoting alcohol or drug use is not allowed. (____)
13. 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 am aware that law enforcement, under the direction of the CSO, will be included in the above random searches as part of my participation in the Program. (____)

B. 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. (____)

14. ATTORNEY: Problem-Solving Court is a non-adversarial forum and, therefore, treatment and accountability is the primary concern. I understand that the attorney who represented me in the criminal case does not represent me in Problem-Solving Court, and the defense attorney who participates in the Problem-Solving Court is not acting as my attorney (even if the same attorney who represented me is also the defense attorney who participates in Problem-Solving Court). If the attorney who represents me in the criminal case is the same attorney who participates in the Problem-Solving 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 Problem-Solving Court Program). (____)

15. DISCUSSIONS IN MY ABSENCE. I understand and acknowledge that the members of the Problem-Solving Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Problem-Solving 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 Problem-Solving 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 Problem-Solving 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. CONTACT WITH LAW ENFORCEMENT: 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. 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 Problem-Solving 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 Problem-Solving Court Program. (____)
20. 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 Problem-Solving 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 Problem-Solving Court Program. (____)
21. DRUG TESTING: I understand that results of my tests shall be admissible as evidence in the Problem-Solving Court. (____)
22. MEDICAL NEEDS: I, unless authorized by the Problem-Solving 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 Problem-Solving 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 Problem-Solving 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. (____)
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. CURFEW: I agree to abide by a curfew as determined by the Problem-Solving 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. (____)
28. 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 Problem-Solving 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 Problem-Solving Court Treatment Program as established by the Court and the Treatment Provider. (____)
29. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Problem-Solving Court Judge for all purposes, including sanctions. (____)

30. I hereby consent to the disclosure of Problem-Solving 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 Problem-Solving Court Program. (____)

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Problem-Solving Court such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Problem-Solving Court requirements, or upon sentencing for violating the terms of my Problem-Solving Court involvement.

SIGNATURE OF DEFENDANT

DATE

SIGNATURE OF WITNESS

DATE

SOUTH DAKOTA PRESCRIPTION DRUG MONITORING PROGRAM

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

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

Therefore, I, _____ give consent to _____ (Court Services Officer and Team) to obtain my Prescription Drug Monitoring Program data from the South Dakota Pharmacy Board for the purpose of assisting the Drug Court with my case, specifically for supervision and treatment. All information obtained through the PDMP program will be kept confidential between the Drug Court Team. **I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.**

Signature _____

Date _____

Witness Signature _____

Date _____