Unified Judicial System

# Pennington County Drug Court Application

Return to: Treatment Court Coordinator Ashlee May at
Ashlee.May@ujs.state.sd.us or the Pennington County Court Services Office

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| 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: |
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Other Members of the Household

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

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| Highest 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: |

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

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| 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: |

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| 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.

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| Applicant Signature | Date | Defense Attorney Signature | Date |