

Drug Court Participant Handbook



Second Judicial Circuit
425 N Dakota Ave
Sioux Falls, SD 57104
Updated 01/05/2026



—PROBLEM SOLVING—
COURTS
WORK
MAKING A DIFFERENCE

Show Up

Try

Be Honest

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Welcome Letter from Judge

Welcome to Drug Court!

You are beginning a journey that has the potential to change your life in meaningful and lasting ways. You were not chosen for this program by accident. You were selected because we believe in your ability to succeed. This handbook is prepared to assist you in being successful in this treatment court. You are responsible for your actions and this handbook will serve as a guide to those actions.

Drug Court is not easy. It requires commitment, honesty, and courage. You must show up, try, and be honest. But you are not doing this alone. You will be supported by our Drug Court team of professionals - court services officers, counselors, law enforcement, prosecutor, and defense counsel, and myself as your judge - who are here to help you achieve stability, sobriety, and a healthier life.

You may experience challenges and setbacks, and that's okay. What matters is how you respond and your willingness to show up and keep moving forward. Our goal is not just to address the legal issues that brought you here, but to support your overall recovery and growth as a person.

I will see you regularly in court, and I will be paying close attention to your progress. I will celebrate your achievements and hold you accountable when necessary. We are in this together, and the team and I are rooting for your success every step of the way.

Take this opportunity seriously. You have more strength than you know.

Sincerely,



Judge Natalie Damgaard

Your Team

Judge Natalie Damgaard - Judge
Judge Jonathan Leddige – Judge
Rhiannon Weber – Coordinator
Marya Tellinghuisen - Prosecutor
Emma Otterpohl – Defense Attorney
Jason Lillestol - Court Services Officer
Mina Bonhorst – Court Services Officer
Carrie Groeneweg – Chemical Dependency Counselor
Heather Mousel – Chemical Dependency Counselor
Marissa Hastings - Mental Health Counselor
Sergeant Paul Creviston - Law Enforcement
Michelle Boyd - Law Enforcement
Dr. Shannon Emry – Medical Health Director



Show Up - Try - Be Honest

Defense Attorney

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

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

The Defense 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. The Defense Attorney will represent you in evidentiary hearings if you want to question the facts used to decide on sanctions or terminations. The Defense Attorney will also represent you if you are facing termination from Drug Court and if you are facing a Probation Violation after termination from Drug Court unless you request a different attorney.

The Defense Attorney will attend all Drug Court sessions, and they can answer questions you might have during Drug Court. You should contact the Defense Attorney **before** Drug Court if possible to talk about any issues that might come up. You can call 605-367-4242.

Mission Statement

Guiding participants to a substance free lifestyle which includes being able to work, parent and be an active member of the community.

Eligibility Criteria

- At least 18
- Felony charges
- Qualification based on risk/needs assessment
- Pass legal screen for entry into the Drug Court program
- Resident of the 2nd Circuit
- Willing to participate in the Drug Court program (demonstrated by applying)

Application Process for Drug Court

- ✓ Meet with attorney, complete application.
- ✓ Return signed application to Drug Court Coordinator:
 - Rhiannon Weber: 605-215-2648 or Rhiannon.weber@ujc.state.sd.us
- ✓ Contact one of the Drug Court Services Officers to schedule risk/needs assessment. Their phone number is 605-367-5930.
- ✓ The Drug Court Services Officer will connect you to treatment for further assessments.
- ✓ Once application is returned, your risk/needs assessment and treatment assessments are completed, your attorney will receive written notification of acceptance or denial into the program.

Why Drug Court?

Drug Court's goal is RECOVERY, not just sobriety. "Recovery" is defined as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. We want you to be the best you can be.

DRUG COURT GIVES YOU A CHANCE TO IMPROVE YOUR:

Health



- ◆ Achieve sobriety
- ◆ Address mental health problems
- ◆ Improve physical health

Home



- ◆ Have a safe and stable place to live

Purpose



- ◆ Have meaningful daily activities (job, school, volunteering, family caretaking, creative projects)
- ◆ Be a productive member of society

Community



- ◆ Build relationships and social networks that provide support, friendship, love, and hope

Court Requirements

Drug Court program has five phases and takes a minimum of 18 months to complete.

Drug Court sessions are held weekly on Thursdays beginning at 12:45PM. How often you must come is based on your current phase. Court appearances are mandatory, and failure to appear will result in a bench warrant for your arrest.

Location: 425 N. Dakota Ave., Sioux Falls, Courtroom: 1A

Time: Your CSO will alert you to your court session time.

Contact your CSO if you are going to be late or miss court.

While at Court:

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

Turn off your phone and ensure it is put away.

Be quiet and pay attention. You should be dressed appropriately always and maintain adequate personal hygiene. Do not wear anything that is 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 Drug Court participant, you will need to go to a lot of different appointments for treatment, counseling, educational, 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 treatment provider to approve.

It is your responsibility to set up your own 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 services officer will instruct you on all the rules and expectations of probation. You must follow and fully comply with all instructions from your court services officer. 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.

Follow your treatment plan

Your treatment plan is unique and tailored to fit you. Do not compare your treatment plan to another participant's. You are here to focus on your own 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 Drug Court, you must sign a release that says the Drug Court team can share information about your progress during team meetings. Court hearings are open to the public.

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

Honesty is always the best policy



HONEST

Thousands of people overcome their substance use disorder 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 Drug 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 Drug Court Team

Follow all laws. Do not commit any crimes. Do not threaten anyone or commit any violent acts. Tell your court services officer right away if you have contact with 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.**
- **You are not allowed to drive without the Teams' permission.**
- **Do not operate a motor vehicle if you are under the influence of any mind-altering substances; alcohol and/or any illegal drugs.**

You shall not drive any motor vehicle prior to approval from the team and are lawfully licensed and insured.

Employment

During your time in Drug Court, you must be employed, or enrolled full-time in educational or job training. Employment, schooling or training must be approved by the team. If you lose your job or are terminated from a program, you will notify your court services officer immediately. Please remember that your employment comes after your commitment to treatment and other required programs.

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.

Use and update your daily planner

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

Drug Court Costs

You are required to pay your court costs, fines, fees, attorney fees, and any other money ordered at sentencing. Work with your Court Services Officer to make a payment plan.

Program Related Fees

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

- 24/7 Program
- Lab analysis for positive UA's
- SCRAM
- Interlock
- Other

Drug Testing

Drug Testing is frequent and random during the entire program. **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

Court Services Office 2nd Floor of the Courthouse
425 N. Dakota Ave., Sioux Falls, SD 57104
7:30AM – 10:00AM

Saturday, Sunday, and Holiday testing

Minnehaha County Jail 24/7 desk
305 W. 4th St., Sioux Falls, SD 57104
9:30AM – 10:30AM

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

If you are disputing the positive test you will need to pay \$25 to have the test sent into the lab for confirmation. If the test is positive, you will not be refunded that money. If the test is negative, you will be refunded that money.

Positive UAs will result in loss of program sober days.

Missed UAs will result in loss of program sober days.

Do not have or use drugs or alcohol

Sobriety is a focus of the Drug Court program. A sober lifestyle is important to your recovery. This includes avoiding all alcohol and any other substance that is mind and/or mood altering unless approved by the team. Stay away from establishments whose main business is the sale of alcohol, unless permitted by your court services officer. Do not use or have any drugs or alcohol with you, in your home, or your vehicle.

Admitting you used drugs or alcohol before a 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, and any other substance labeled not for human consumption.

Poppy seeds are prohibited.

Do not use any herbal or over the counter medications without talking with your counselor and court service officer.

Prescription Medication Policy

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

- Tell your court services officer
- Bring in documentation of any medication you are given
- You must sign a release allowing Drug 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 accomplishments, behaviors and treatment needs.

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. As you progress through Drug Court you will receive incentives from the Drug Court team. Incentives may be received for a variety of behaviors/achievements. Examples of incentives are:

- Incentive slip (worth 1 point to be used to “buy” items)
- 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 are 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 Drug Court Judge and Team will discuss sanctions based on any violations. Judge will administer sanctions in court.

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

- Verbal warning
- Extended phase time
- House arrest
- Incarceration
- Daily check in's

How do I successfully complete Drug Court?

- Drug Court lasts a minimum of 18 months
- 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
- Drug Court consists of five (5) phases. Each phase is explained in detail below
- Show up
- Try
- Be Honest
- Engage and complete treatment

Phases and Requirements

Phase 1	
<ul style="list-style-type: none"><input type="checkbox"/> Minimum of 60 days<input type="checkbox"/> 14 days of continuous sobriety<input type="checkbox"/> Weekly Court Attendance<input type="checkbox"/> Comply with Treatment<input type="checkbox"/> Comply with Probation<input type="checkbox"/> Attend all scheduled meetings<input type="checkbox"/> Develop a case plan with mental health<input type="checkbox"/> Develop a treatment plan with treatment<input type="checkbox"/> Introduction to support groups<input type="checkbox"/> Address housing	<ul style="list-style-type: none"><input type="checkbox"/> Follow recommendations of programming for recovery support meetings.<input type="checkbox"/> Report for drug testing as required<input type="checkbox"/> Maintain a weekly/daily planner<input type="checkbox"/> Obtain and complete medical assessment<input type="checkbox"/> Change people, places and things<input type="checkbox"/> Submit written request to move to next phase

Phase 2	
<ul style="list-style-type: none"><input type="checkbox"/> Minimum of 90 days<input type="checkbox"/> 30 days of continuous sobriety<input type="checkbox"/> Weekly Court Attendance<input type="checkbox"/> Comply with Treatment<input type="checkbox"/> Comply with Probation<input type="checkbox"/> Attend all scheduled meetings<input type="checkbox"/> Report for drug testing as required<input type="checkbox"/> Attend two (2) recovery support meetings per week	<ul style="list-style-type: none"><input type="checkbox"/> Maintain planner<input type="checkbox"/> Maintain approved housing<input type="checkbox"/> Start looking for employment<input type="checkbox"/> Complete budget plan<input type="checkbox"/> Change people, places and things<input type="checkbox"/> Begin working with a sponsor or peer recovery person<input type="checkbox"/> Submit written request to move to next phase

Phase 3	
<input type="checkbox"/> Minimum of 90 days <input type="checkbox"/> 45 days of continuous sobriety <input type="checkbox"/> Bi-weekly court attendance <input type="checkbox"/> Comply with Treatment <input type="checkbox"/> Comply with Probation <input type="checkbox"/> Attend all scheduled meetings <input type="checkbox"/> Review treatment plan, develop implementation of relapse prevention <input type="checkbox"/> Report for drug testing as required <input type="checkbox"/> Maintain planner	<input type="checkbox"/> Maintain approved housing <input type="checkbox"/> Obtain employment <input type="checkbox"/> Begin MRT if recommended <input type="checkbox"/> Attend two (2) recovery support meetings per week <input type="checkbox"/> Establish pro-social activity <input type="checkbox"/> Change people, places and things <input type="checkbox"/> Submit written request to move to next phase

Phase 4	
<input type="checkbox"/> Minimum of 90 days <input type="checkbox"/> 60 days of continuous sobriety <input type="checkbox"/> Monthly court attendance <input type="checkbox"/> Comply with Treatment <input type="checkbox"/> Comply with Probation <input type="checkbox"/> Attend all scheduled meetings <input type="checkbox"/> Review case plan <input type="checkbox"/> Report for drug testing as required <input type="checkbox"/> Maintain planner	<input type="checkbox"/> Maintain approved housing <input type="checkbox"/> Attend three (3) recovery support meetings per week <input type="checkbox"/> Maintain pro-social activity <input type="checkbox"/> Maintain employment <input type="checkbox"/> Change people, places and things <input type="checkbox"/> Submit written request to move to next phase

Phase 5	
<input type="checkbox"/> Minimum of 90 days <input type="checkbox"/> 90 days of continuous sobriety <input type="checkbox"/> Monthly court attendance <input type="checkbox"/> Comply with Treatment <input type="checkbox"/> Comply with Probation <input type="checkbox"/> Attend all scheduled meetings <input type="checkbox"/> Review case plan, develop continuing care plan <input type="checkbox"/> Report for drug testing as required	<input type="checkbox"/> Maintain planner <input type="checkbox"/> Maintain approved housing <input type="checkbox"/> Attend three (3) recovery support meetings per week <input type="checkbox"/> Maintain pro-social activity <input type="checkbox"/> Maintain employment <input type="checkbox"/> Change people, places and things

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

When I fail to follow the rules of the program, I can be terminated from Drug 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 Drug Court
- Concern for public safety
- Driving without a valid Driver's License
- Driving under the influence
- Commission of a crime
- Failure to attend Drug Court hearings
- Absconding of treatment program
- Absconding from Drug Court
- Drug distribution
- 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 Drug Court Team finds sufficient for termination

Process for Termination

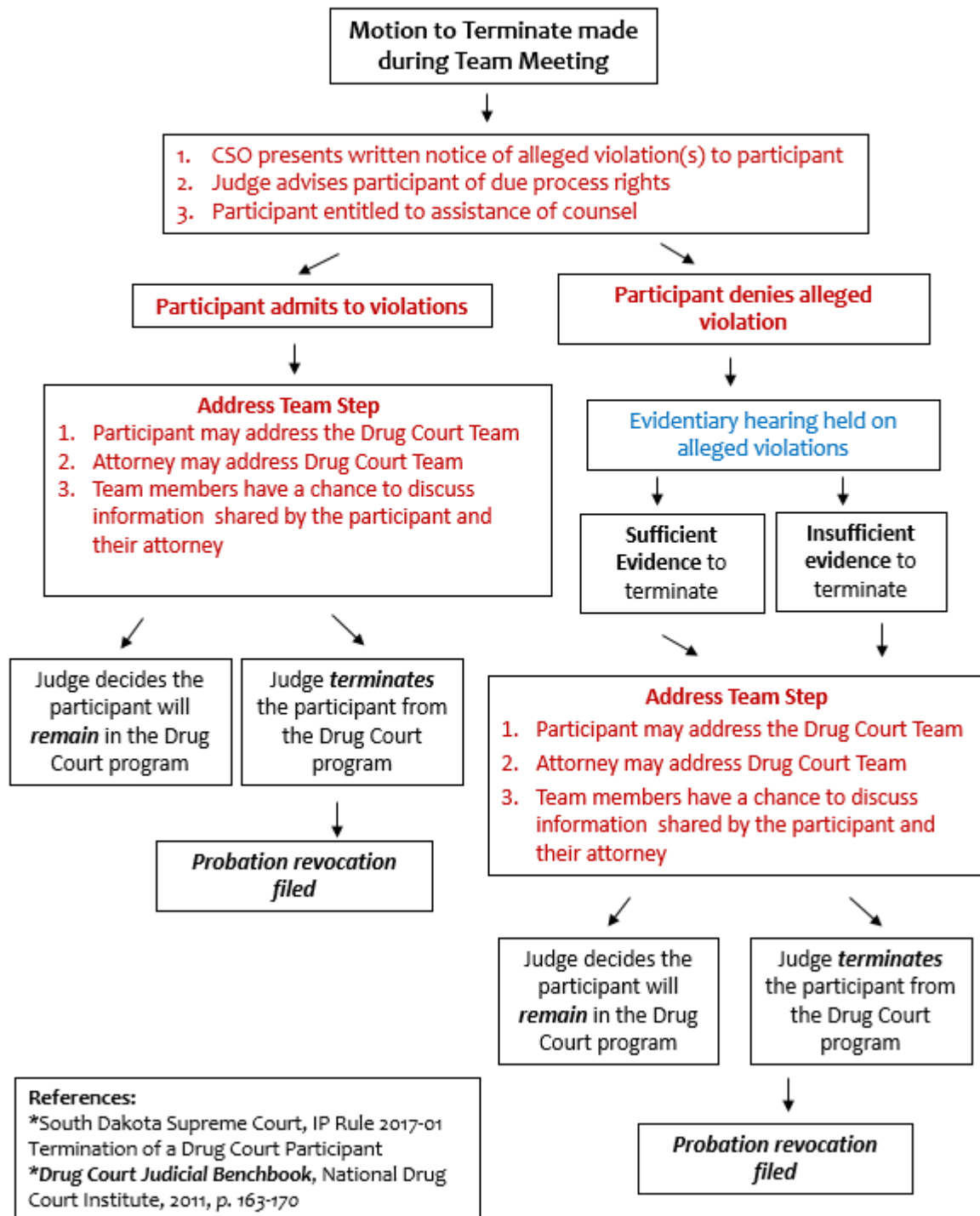
1. A member of the Drug Court Team makes a motion for termination.
2. Your court services officer will give you a written copy of the possible violations.
3. The team attorney will be appointed to represent you unless you request a different attorney.

Voluntary Removal

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

Drug and Other Problem Solving Courts

Termination Process



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 Drug Court Coordinator, Rhiannon Weber. If the coordinator is the source of the complaint, then please contact the Treatment Court Director, Noreen Plumage.

Rhiannon Weber: 605-215-2648

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 emergency.

The team may need to adjust the following:

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

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

Infection Control Policy

The Drug Court Team cares about your health.

Drug 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 notify your court service officer as soon as possible.

Remote access to court will be utilized where appropriate.

FAQ

How long does it take to complete Drug court?

Drug court has five phases. The first two phases have the most requirements for probation, treatment and court reporting. As the participant moves through the program, requirements decrease. A participant must meet all the goals before graduating. The minimum is 18 months.

What treatment options are available?

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

What other services are provided?

The Drug 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 Drug Court team understands this and respond to positive drug tests with varying degrees of sanctions depending on phase and progress in program.

IMPORTANT PHONE NUMBERS

Probation office: 605-367-5930

- Jason Lillestol – 605-201-4312
- Mina Bonhorst – 605-261-8772

Clerk of Courts: 605-367-5900

Coordinator Rhiannon Weber: 605-215-2648

Carroll Institute: 605-336-2556

Choices Recovery Services: 605-334-1822

Southeastern Behavioral Health: 605-336-0503

Helpline: 211

Carroll Institute Outpatient Groups

Level 1.0: 1-8 hours of service per week

PRE-TREATMENT: Open to anyone on a waitlist for services

Friday 10-11am (Megan) (Megan)

MOP- MODERATE OUTPATIENT: Early stages of change, targeted for 4 hours per week

Tuesday and Thursday 6-8pm (Jenny and Megan)

Monday and Wednesday 10am-Noon (Megan)

Tuesday and Thursday 9am-11am (Tonya)

MATRIX: Curriculum based

Monday's, Fridays 9am-Noon (Shane)

Wednesdays 10am-11:30am -Matrix Family Group (Tylese)

MRT: Curriculum based

Wednesday 6-7pm (Audrey)

ANGER/EMOTIONAL MANAGEMENT:

Tuesdays 10am-12pm (Clint)

MAINTENANCE: Those maintaining recovery, 3 hours of service per week

Tuesdays Noon-3pm (Sara J)

RELAPSE PREVENTION:

Tues and Thurs 1-230pm (Shane)

Tues and Thurs 5-630pm (Shane)

AFTERCARE: Following completion of a treatment program

Monday 5pm (Tonya)

Tuesdays 7-8:30pm (Shane)

Wednesday 4-5:30pm (Tylese)- **Women's Specific**

Thursday 5-6pm (Jenny)

Thursdays 7-8:30pm (Shane)- **Men's Specific**

Thursdays 9am-10am (Megan)

Fridays 10-11am (Jenny H.)

Level 2.1: 9+ hours of service per week

IOP- INTENSIVE OUTPATIENT: Moderate to Severe ASAM risk

Mondays, Wednesday, and Fridays 9am-Noon (Sara)

Tuesdays, Wednesdays, and Thursdays 5-8pm (Jen P and Clint)

Mondays, Tuesdays, and Thursdays 5-8pm (Audrey)

Residential Services (Arch):

IMT (Intensive Meth Treatment): hours/week vary

Level 2.1/3.1 (Slip Slot): 9 hours/week

-Morning and evening options available

Level 3.1: 6 hours/week

-Morning and evening options available

CBISA/3.1: 9 hours/week (CBISA and supplemental curriculum)

-Morning/afternoon options available, no evening groups

Case Management: as needed

Individual mental health support: as needed

Please contact the agency for more information.

Choices Recovery Services

Choices Recovery Services
622 S. Minnesota Ave.
Sioux Falls, SD 57104
(605) 334-1822

Assessments:

- Can be scheduled Monday-Thursday anywhere between 9am and 6:30pm, Friday- 9am-3pm: times depending on counselor availability.
- Can be completed at the Minnehaha County Jail per request.

Level 2.1 Intensive Outpatient Treatment (IOP): 9 hours a week + weekly individual

- Evening classes available

Level 1.0 (Outpatient Individuals/Aftercare): 1-4 hours a week

- Aftercare Group
 - Morning and evening classes available
- Outpatient Individuals
 - Depending on counselor availability

Individual co-occurring counseling is available as needed.

Please contact us at the office for availability, group days/times, and any other questions.

Southeastern Behavioral Healthcare

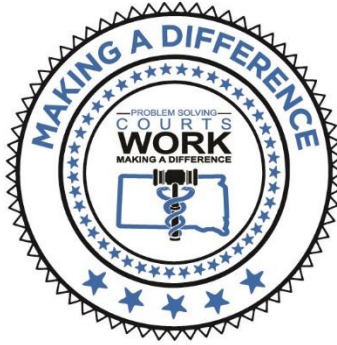
**Southeastern Behavioral Healthcare
Community Support Services
600 S. Cliff Ave.
Sioux Falls, SD 57104
(605) 336-0503**

**Counseling and Children's Services
2000 S. Summit Ave.
Sioux Falls, SD 57105
(605) 336-0510**

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 Reconciliation Therapy (MRT)
- Dialectical Behavioral Therapy (DBT)
- Seeking Safety
- Wellness Recovery Action Plus (WRAP)
- Charting a New Course



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

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

_____ Date _____
Treatment Court Participant

_____ Date _____
Witness

Publicity Consent /Release Form

I accept and approve the use, print, and copy of all media by the Treatment 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 Treatment Court.

I release the Treatment 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 Treatment Court
- Discharge from court-ordered supervision or probation
- Termination of my involvement with the Treatment Court
- Sentencing for violating the terms of my Treatment Court involvement

Signature:	
Date:	

TREATMENT COURT 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 Treatment 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 Treatment Court Treatment Program enumerated below:

1. LEGAL WAIVER: I do hereby release and forever discharge the complaining witnesses, victim(s), the Treatment Court Judge, the State's Attorney's Office, the Defense Attorney on the Treatment Court Team, the Court Services Officer(s), the Treatment 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 Treatment 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 Treatment 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 Treatment Court Team. The Team and Court may consider any such information in deciding whether I remain in the Treatment Court Treatment Program. (____)

3. STATUS OF PROGRAM: I have no legal right to participate in the Treatment 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 Treatment Court, I may be ordered to complete the remainder of my probation period on standard probation. (____)
5. GENERAL REQUIREMENTS: I must attend all Treatment 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 Treatment 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 Treatment 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 Treatment Court Team and your treatment provider. If you decide to change groups, your treatment provider and the Treatment 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 Treatment 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 Services Officer(s) (CSO) may impose administrative sanctions. As a condition of my participation in the Treatment 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 Treatment 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:** Treatment 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 Treatment Court, and the defense attorney who participates in the Treatment Court is not acting as my attorney (even if the same attorney who represented me is also the defense attorney who participates in Treatment Court). If the attorney who represents me in the criminal case is the same attorney who participates in the Treatment 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 Treatment Court Program). (____)
15. **DISCUSSIONS IN MY ABSENCE.** I understand and acknowledge that the members of the Treatment Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Treatment 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 Treatment 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 Treatment 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 Services 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 Services Officer(s) (CSO) immediately after any law enforcement contact. (____)
18. **CONTACT WITH LAW ENFORCEMENT:** I must obey all laws, and notify my Court Services 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 Treatment 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 Treatment 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 Treatment 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 Services Officer(s) (CSO). I also agree to provide a complete list of my medications to my treatment provider and my Court Services Officer(s) (CSO). I also will not use or consume any food or beverage that contains poppy seeds while I am in the Treatment Court Program. (____)
21. DRUG TESTING: I understand that results of my tests shall be admissible as evidence in the Treatment Court. (____)
22. MEDICAL NEEDS: I, unless authorized by the Treatment 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 Treatment 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 Treatment 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 Treatment 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 Treatment 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 Treatment 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 Treatment Court Judge for all purposes, including sanctions. (____)
30. I hereby consent to the disclosure of Treatment 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 Treatment 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 Treatment Court such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Treatment Court requirements, or upon sentencing for violating the terms of my Treatment 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 _____