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|  | Unified Judicial System  **Sixth Circuit Treatment Court Application**  Return to: Treatment Court Coordinator Courtney Tedder at [Courtney.Tedder@ujs.state.sd.us](mailto:Courtney.Tedder@ujs.state.sd.us) or  Court Services, 08 East 2nd Ave, Fort Pierre, SD 57532. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | |
| Next of Kin: | | | | | | | | | | | | | | | | | | | | | | | | 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: | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | |
| Primary Source of Income: | | | | | | | | | | | | | | | | | | | | | | | Monthly Income: $ | | | | | | | | | | | |
| Employer: | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | Phone Number: | | | | | | | | | | | |
| Insurance: No Yes | | | | | Insurance Company and policy number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistance/Benefits: | | | None WIC TANF VA LIEAP Child Support SSI SSD Voc Rehab  Unemployment Food Stamps Housing Assistance Other  Medicaid (provide number): Medicare Part A/B/C/D (provide part and number): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mental Health Provider:** | | | | | | | | | | | | | | | | | **Medical Provider:** | | | | | | | | | | | | | | | | | |
| List all MENTAL HEALTH diagnoses: | | | | | | | | | | | | | | | | | List all MEDICAL conditions: | | | | | | | | | | | | | | | | | |
| List all MENTAL HEALTH medications: | | | | | | | | | | | | | | | | | List all MEDICAL medications: | | | | | | | | | | | | | | | | | |
| Age of First Arrest: | | | | | | | | Gang Affiliation: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of lifetime MISDEMEANOR arrests: | | | | | | | | | | | | | | | | | | | | | Number of lifetime FELONY arrests: | | | | | | | | | | | | | |
| Number of lifetime MISDEMEANOR convictions: | | | | | | | | | | | | | | | | | | | | | Number of lifetime FELONY convictions: | | | | | | | | | | | | | |
| Current Charges: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Defense Attorney: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently on probation? No Yes  (Mark yes if currently on probation in South Dakota, another state and/or tribal or federal probation.) | | | | | | | | | | | | | | | | | Probation Officer:  Office Location:  Probation start date: | | | | | | | | | | | | | | | | | |
| 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 team members to share your information (for eligibility purposes) before you plead guilty.** The information shared will include the application (signed by you and your defense attorney), the results of a risk and needs assessment (LSI-R/IDA, completed by a CSO), and a Treatment Needs Assessment (completed by a licensed counselor). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant Signature | | | | | | | | | Date | | | | |  | | | | | Defense Attorney Signature | | | | | | | | | | | | | | Date | |