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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 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: |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Other Members of the Household |
| Full Name: | Full Name: | Full Name: |
|       |       |       |
|       |       |       |
| Driver’s License Status: [ ] None [ ] Expired [ ] Revoked [ ] Suspended [ ] Valid | [ ] ID ONLY |
| Driver’s License Number:       | State:       |
| State ID Number:       | State:       |
| Highest 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).  |
|  |  |  |  |  |
| Applicant Signature | Date |  | Defense Attorney Signature | Date |