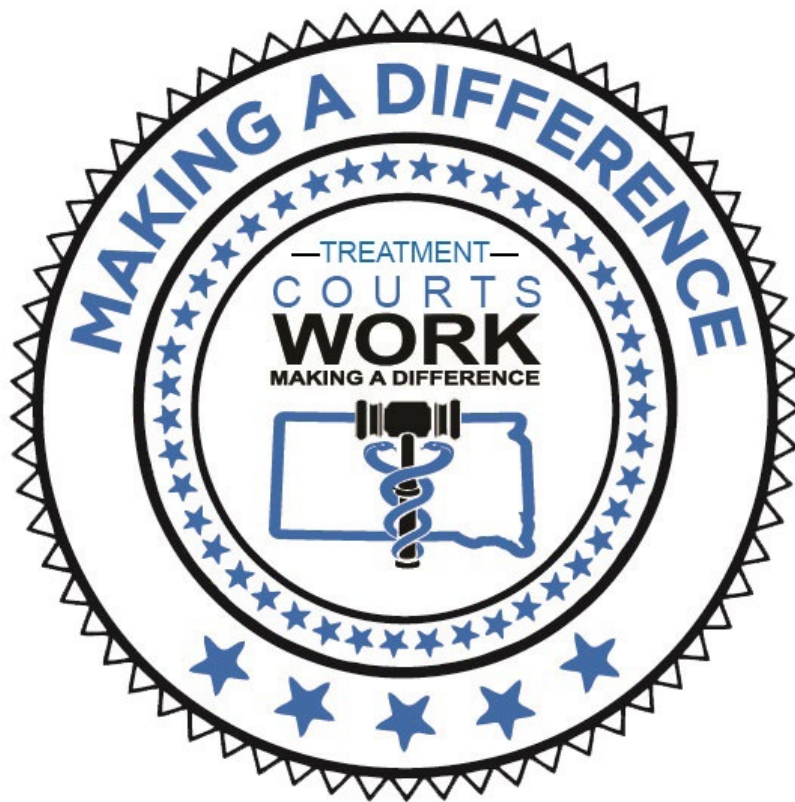


Yankton County Drug Court Participant Handbook



Yankton County Drug & DUI Court
410 Walnut Street, Suite 203
Yankton, SD 57078
605-668-3079

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Table of Contents

Why Drug Court?	1
What is Drug Court?	1
You Could Be Offered Drug Court If You Are:	1
Who Helps Me Get into Drug Court?	1
What is a Drug Court Team and What Happens at Court?	1
How Should I Dress and Act in Court?	2
Confidentiality?	2
What Are My Rights in Drug Court?	2
What is Random Alcohol and Drug Testing and How Does it Work?	2
Will I be Eligible for A Work Permit?	2
Phases of Drug Court	3
Phase 1	3
Phase 2	4
Phase 3	4
Phase 4	5
Phase 5	6
How Do I Complete Drug Court?	6
Commencement Requirements	6
Sober Days	7
What Are Incentives?	7
Some Examples of Incentives:	7
What Are Sanctions?	8
Some Examples of Inappropriate Behavior and Sanctions:.....	8
What Are Therapeutic Adjustments	8
Some Examples of Therapeutic Adjustments:.....	8
What Happens If I Fail to Follow the Rules of the Program?	9
Some Examples of Reasons to Termination Are:.....	9
Process for Termination	9
Voluntary Removal.....	10
Fees	10
Court Related Fees	10
Program Related Fees	10
Yankton County Drug Court Forms	F1

Checklist for Defense Attorneys.....	F1
Drug Court Application Process	F2
Contact Information	F2
Program Outline.....	F2
Application Requirements and Policy	F3
Screening and Eligibility Criteria	F3
Request for Admission	F4
Application.....	F5
Request for Disclosure of Confidential Information.....	F8
Records Release Authorization (Drug Court Involvement)	F11
Waivers & Agreements.....	F13
Prescription Drug Monitoring Program	F19
Publicity Consent/Release Form.....	F20
Treatment Court Testing Agreement.....	F21
Treatment Court Absconder Policy	F22
Treatment Court Defense Attorney.....	F23
Participant Handbook Receipt and Acknowledgement Form.....	F24

Why Drug Court?

In Drug Court, I have a chance to stay in the community and receive treatment instead of going to prison.

What is Drug Court?

Drug Court participants go to treatment and to counseling as the court orders. By being in Drug Court, I can change my life and make it better.

If I agree to Drug Court, I will be sentenced to the program. During the time I am in Drug Court, I will have to come to court each week, go to treatment, and do random drug testing. I will also go to support group meetings. Drug Court lasts at least 17 months

You Could Be Offered Drug Court If You Are:

1. At least 18 years old
2. Facing felony charges
3. Agree to be in the program
4. Not a drug dealer, sex offender or violent offender
5. Drugs or alcohol use has made your life unmanageable
6. Willing to live in Yankton County, where the Drug Court team can supervise you

Who Helps Me Get into Drug Court?

My attorney can help me decide if I should do Drug Court. They can help me fill out an application.

What is a Drug Court Team and What Happens at Court?

The Drug Court Team includes a judge, lawyers, probation officers, treatment people, program coordinator, and law enforcement. The Team will meet each week before court and talk about my case and how they can support me so I can succeed. The judge wants to know if I have been to all my treatment sessions, if I have had any positive UA's, if I have been going to work, and what I am working on in treatment. When I get to court, the judge will ask me about my week and I will tell the judge what has been happening. If I do well, the judge will give me an incentive. For the things I have not done well, the judge will give me a sanction. Sometimes the judge will instruct me to attend more treatment. First, I will attend court each week. While I am there, I will encourage my fellow participants by clapping at their progress.

How Should I Dress and Act in Court?

I agree to dress appropriately for court. If I am coming from or going to work I can wear work attire. **I will not wear clothing with drug or alcohol related themes, t-shirts with offensive statements, holey jeans, pajama pants or low cut/see-through tops or bottoms.** I will act appropriately while at the courthouse and during the court sessions. The following actions will not be allowed:

1. Violence or threats of any kind
2. Use and/or possession of drugs
3. Hostile behavior
4. Possession of any type of weapon
5. Inappropriate sexual behavior

I will not have cellular phones powered on while in the courtroom, or in individual or group sessions.

Confidentiality?

When I go to court, the hearings are open to the public. To participate in Drug Court, I must sign a release that says the Drug Court team is able to share information about my progress during the team meetings. There is one exception to this rule pertaining to SDCL 26-8A-3 and 4, which requires reporting of any prior or current child neglect/ abuse.

What Are My Rights in Drug Court?

If I agree to participate in Drug Court, I am agreeing to waive my right to usual court proceedings, such as questioning or disputing the legality of a search, seizure, or traffic stop; a preliminary hearing; and a trial by jury or court. Your attorney can explain this in detail to you. If I am subject to a jail sanction or termination, I have the right to an evidentiary hearing to contest the violation. At the hearing, I have the right to an attorney, the right to confront and cross-examine the State's witnesses and the right against self-incrimination.

What is Random Alcohol and Drug Testing and How Does it Work?

To make sure I stay sober, I will have to do random drug and alcohol testing, sometimes every day, sometimes more than once a day. If I fail a test, I may be taken into custody. My name will be checked with the South Dakota Prescription Drug Monitoring Program to make sure I am not abusing prescription medications.

Will I be Eligible for A Work Permit?

If you have a valid driver's license at the time of sentencing, you may be eligible for a work permit. You must successfully complete a treatment program to be eligible for a work permit.

You must be compliant with all programming. You must be able to financially maintain the vehicle and insurance at all times. You will be required to participate in the 24/7 program as required by law. You will need to submit an application and all supporting documents to the Drug Court team outlining why you need a work permit. The letter must include a description of what alternate transportation is available and identify the vehicle to be driven. Additionally, you must provide monthly proof of insurance to the Drug Court team. If you receive approval from the team, you may submit your work permit request to your sentencing judge. If a work permit is granted, you must complete all necessary forms to obtain and maintain the work permit. You may only drive where allowed by your work permit. Team members or law enforcement witnessing you driving outside work permit restrictions is considered a violation. Violation of the work permit will result in a sanction up to and including termination from the Drug Court Program.

*If you have a valid license at any time during your time in the Drug Court program, your driving privileges are at the discretion of the team. You must be financially stable, show proof of insurance and remain compliant with all programming requirements.

Phases of Drug Court

The Program consists of 5 phases. Requirements of each phase are explained in detail below. You are required to submit a written request to the Drug Court Team in order to advance to the next phase or graduate. Program length may vary but is no less than 17 months. Before graduating from the program, you must complete a **Program Exit Survey**.

Phase 1

- Minimum of **30 days in the phase**
- Minimum of **14 days of continuous sobriety**
- Attend Court each Wednesday of the month
- Comply with supervision
- Attend weekly office visits
- Comply with drug testing
- Maintain 9:00 p.m. curfew
- Address employment/educational needs
- Address housing needs
- Schedule and completed a physical exam (if possible)
- Begin introduction to self-help groups (ex.12 Step groups, SMART Recovery, Celebrate Recovery, etc.)
- Begin changing people, places and things
- Make consistent use of daily planner
- No negative contact with law enforcement
- Provide insurance information to treatment agencies, if applicable

In order to advance to next phase:

- Comply with all requirements listed above
- Complete phase advancement application and return to Court Services Officer

Phase 2

- Minimum of **120 days in the phase**
- Minimum of **60 days of continuous sobriety**
- Attend Court each Wednesday of the month
- Comply with supervision
- Attend weekly office visits
- Comply with drug testing
- Maintain 10:00 p.m. curfew
- Seek/obtain and participate in full-time employment, training, education or complete community service, as directed
- Maintain team approved housing
- Attend self-help groups (ex. 12 Step groups, SMART Recovery, Celebrate Recovery, etc.)
- Seek and obtain a sponsor/mentor for self-help groups
- Begin to engage in pro-social activity
- Address finances (complete a budget)
- Change people, places and things
- Make consistent use of daily planner
- No negative contact with law enforcement
- Provide insurance information to treatment agencies, if applicable

In order to advance to next phase:

- Comply with all requirements listed above
- Complete phase advancement application and return to Court Services Officer

Phase 3

- Minimum of **120 days in the phase**
- Minimum of **60 days of continuous sobriety**
- Attend Court the 2nd and 4th Wednesday of each month
- Comply with supervision
- Attend bi-weekly office visits
- Comply with drug testing
- Maintain 10:00 p.m. curfew
- Maintain full-time employment, training, education or complete 30 hours of community service weekly

- Attend self-help groups (ex. 12 step groups, SMART Recovery, Celebrate Recovery etc.)
- Maintain a sponsor/mentor for self-help groups
- Begin to engage in pro-social activities
- Make consistent monthly payments
- Demonstrate change in people, places and things
- Make consistent use of daily planner
- No negative contact with law enforcement
- Provide insurance information to treatment agencies, if applicable

In order to advance to next phase:

- Comply with all requirements listed above
- Complete phase advancement application and return to Court Services Officer

Phase 4

- Minimum of **120 days in the phase**
- Minimum of **90 days of continuous sobriety**
- Attend Court the 4th Wednesday of each month
- Comply with supervision
- Attend bi-weekly office visits
- Comply with drug testing
- Maintain 11:00 p.m. curfew
- Maintain full-time employment, training, education or complete 30 hours of community service weekly
- Attend self-help groups (ex.12 step groups, SMART Recovery, Celebrate Recovery, etc.)
- Maintain a sponsor/mentor for self-help groups
- Engage in pro-social activity
- Make consistent monthly payments
- Demonstrate change in people, places and things
- Make consistent use of daily planner
- No negative contact with law enforcement
- Provide insurance information to treatment agencies, if applicable

In order to advance to next phase:

- Comply with all requirements listed above
- Complete phase advancement application and return to Court Services Officer

Phase 5

- Minimum of **120 days in the phase**
- Minimum of **90 days of continuous sobriety**
- Court every 4th Wednesday of each month
- Comply with supervision
- Attend monthly office visits
- Comply with drug testing
- Maintain 12:00 a.m. curfew
- Maintain full-time employment, training, or education
- Attend self-help groups (ex. 12 step groups, SMART Recovery, Celebrate Recovery, etc.)
- Maintain a sponsor/mentor for self-help groups
- Continue to engage in pro-social activity
- Make consistent monthly payments
- Maintain change in people, places and things
- Make consistent use of daily planner
- No negative contact with law enforcement
- Develop continued recovery plan with treatment provider
- Complete all recommended treatment programming
- Attend Victim Impact presentation
- Provide insurance information to the treatment agencies, if applicable
- Participate in the Drug/DUI Court program at least 17 months

How Do I Complete Drug Court?

I am required to submit the graduation application to the Drug Court Team 45 days prior to my planned graduation date and explain all I have completed in the program. I will be in Drug Court for least 17 months and will have to do the following to graduate.

Commencement Requirements

- Comply with all requirements listed above
- Complete phase advancement application and return to Court Services Officer

Upon successful completion of all 5 phases, upon meeting graduations requirements, and upon recommendation of the Drug Court Team, I will graduate from Drug Court. Graduation from Drug Court is recognized as a very important event. My loved ones and friends will be invited to join me at a special ceremony as the Drug Court Team congratulates me for successfully completing all phases of the Drug Court Program and achieving all the goals to establish a healthy lifestyle.

Sober Days

Based on proven days of sobriety, I will earn sober days throughout the Program. A sober day is defined as a 24-hour period with no confirmed alcohol or drug use and no confirmed attempt to tamper or avoid monitoring. I will be tested randomly through PBT's and UA's to ensure sobriety and will be subject to the following sanctions, including but not limited to:

A **failed** PBT, UA, or failure to appear for any drug or alcohol testing (including 24/7) will result in:

- **loss of all sober days.** The sober days will begin at day one when I test clean again.
- other sanctions as determined by Drug Court team.

Missed 24/7 testing will result in the below sanctions:

- First violation: verbal warning
- Second violation: I may lose all my sober days accumulated with in the program and may be held in jail for 12 hours
- Third violation: I may lose all my sober days accumulated with in the program and may be held in jail for 24 hours
- Fourth or more violations: I may lose all my sober days accumulated with in the program and may be held in jail for 48 hours

Sanctions for or testing positive (0.01% BAC) or high are as follows:

- Immediate Jail
- Notify Court Services Officer (Treatment Court Judge and/or jail/LE)
- Release when able to provide negative test unless otherwise ordered
 - CSO will communicate with jail on when and how often to test individual.
- Follow up with treatment ASAP to get an appointment scheduled
- Daily check ins with CSO once released from jail
- Participant must attend the next scheduled Court hearing to address violation.

Failure to maintain contact (i.e. not answering the door during home visits) with the Drug Court Services Officer will be viewed as a non-documented day of sobriety and I may lose my sober days.

What Are Incentives?

An incentive is an acknowledgement by the Drug Court Team that I have reached a milestone or have completed a goal towards my life in recovery.

Some Examples of Incentives:

Incentives examples of expected behaviors and incentives can include but are not limited to the following.

Expected behavior	Incentive
<ul style="list-style-type: none"> ✓ Honesty ✓ Accomplishing goal ✓ Positive attitude ✓ Adjusting well to Program ✓ Securing a sponsor ✓ Avoiding temptation to relapse ✓ Finding employment ✓ Prosocial activities 	<ul style="list-style-type: none"> ✓ Applause ✓ Acknowledgement from the court ✓ Gift card to local restaurant ✓ Gas card ✓ Movie pass ✓ Progression in the Program/medal ✓ Approved travel ✓ Court Cash

What Are Sanctions?

Sanctions are given for not following the program. Not following the rules of the program is a violation. The Drug Court Judge and Team will decide sanctions based on any violations.

Some Examples of Inappropriate Behavior and Sanctions:

Inappropriate Behavior	Possible Sanction
<ul style="list-style-type: none"> ✓ Dishonesty ✓ Failure to attend self-help meetings ✓ Breaking curfew requirements ✓ Reporting late to PBT or UA ✓ Testing positive on PBT or UA ✓ Late/missed treatment appointments ✓ Failure to make fine payments ✓ Risky behavior ✓ Unprepared for court/treatment ✓ Tampering with UA ✓ Criminal behavior ✓ Absconding ✓ Arrest 	<ul style="list-style-type: none"> ✓ Verbal reprimand ✓ Written letter ✓ Temporary incarceration ✓ Loss of sober days ✓ House arrest ✓ No phase progression ✓ Increased court appearances ✓ Increased reporting to Court Services ✓ Delay in phase promotion ✓ Community Service hours ✓ Daily written schedule ✓ Curfew restrictions ✓ Termination

What Are Therapeutic Adjustments

A therapeutic adjustment is a change in my treatment plan.

Some Examples of Therapeutic Adjustments:

Therapeutic adjustments can include but are not limited to the following:

- Increased self-help meetings

- Increased drug/alcohol testing
- Journaling
- Motivational interview exercises
- Evaluation of possible medication
- Increased court appearances
- Increased treatment intensity
- Additional assessments or evaluations
- Residential treatment

What Happens If I Fail to Follow the Rules of the Program?

When I fail to show up, try, and be honest and not follow the rules of the program, I can be terminated or fail Drug Court.

Some Examples of Reasons to Termination Are:

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

- Concern for public safety
- Threat to the integrity of the program
- Available treatment options have been exhausted, and the participant is no longer working towards recovery
- Violating rules of the Drug Court
- Commission of a crime
- Failure to attend Drug Court hearings
- Abandonment of treatment program
- Evidence that participant is involved with drug dealing or driving while under the influence
- Evidence that participant is involved in any threatening, abusive, or violent verbal or physical behavior towards anyone
- Tampering with drug/alcohol screening tests
- Inability to pass required drug/alcohol screening tests for any reason
- 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. My probation officer will give me a written copy of the possible violations.
3. I can ask for an attorney to be appointed to represent me.
4. I have a right to an evidentiary hearing to contest the allegations against me. Additionally, I will have a chance to talk to the Judge and the Team concerning the motion to terminate me from the program.
5. The Judge makes the final decision if I will stay in the program.
6. If I am terminated, the Court shall advise me of my rights concerning potential probation revocation and appoint me an attorney.

7. I am required to participate in a termination interview and may be subject to a probation revocation proceeding.

Voluntary Removal

I may request to be removed from the Drug Court Program. Before I make a request, I should visit with an attorney. If I have absconded from supervision and treatment for at least 60 days you have voluntarily removed yourself from the program and can be terminated from treatment court without further hearing.

Fees

Court Related Fees

While I am in Drug Court, I must make payments for court fees. This can include the following:

- Child support
- Restitution
- Crime Victim Fund
- Public Defender fees
- Other

I will work with my probation officer to set up a payment plan.

Program Related Fees

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

- UA's
- 24/7 Program
- SCRAM
- Interlock
- Treatment
- Court fines

Yankton County Drug Court Application & Forms

Checklist for Defense Attorneys

If you have a client who you think is appropriate for the DUI Court program you need to do the following:

1. Have your client fill out the Application for Drug Court and Basic Understanding, Waiver and Agreements. Documents are attached. They should be turned into the Drug/DUI Court Office/Court Services as soon as possible. To maximize program effectiveness and align with Best Practice Standards, the Yankton County Drug/DUI Court team makes every reasonable effort to screen, assess, sentence, and initiate treatment programming within 50 days or fewer of the arrest or probation violation.
2. You should notify the Treatment Court Coordinator at (605) 661-6587. The Drug/DUI Court Specialist will then notify the State's Attorney that your client is applying to Drug Court. If the State's Attorney vetoes the application, your client is ineligible for Drug Court.
3. The Treatment Court Coordinator will contact the Lewis & Clark Behavioral Health Services Chemical Dependency Counselor in Yankton (605) 665-4606 to arrange for your client to undergo a chemical dependency evaluation. The evaluator will be informed the evaluation is for possible admission to Drug Court.
4. Educate your client on Drug Court. Drug Court is an intense and rigorous program and not all clients are sufficiently motivated to be successful in the program. Provide him or her with the Participant Handbook, a copy of which is attached.
5. Your client will then plead guilty to the charge or charges or admit the probation violation.
6. You will be contacted by the Drug Court Services Officer and asked to supply certain information about your client to the Drug Court team.
7. The Drug Court team will then discuss whether your client meets criteria for the Drug Court Program.
8. If your client is accepted into Drug Court, the Drug Court defense attorney will meet with you and your client to answer your client's questions about the program.
9. Your client will appear for sentencing. ACCEPTANCE INTO DRUG COURT DOES NOT GUARANTEE THAT THE JUDGE WILL SENTENCE YOUR CLIENT TO DRUG COURT.
10. If sentenced to Drug Court, your client will become an active participant after any jail or penitentiary time and any inpatient treatment ordered by the sentencing judge.

If you have questions or concerns, please contact the Drug/DUI Court Office at (605) 668-3075 or Attorney Luci Youngberg at (605) 660-4535.

Drug Court Application Process

1. Read through the Participant Handbook with your defense attorney.
2. Fill out and submit the following application and consent/acknowledgement forms to the Treatment Court Coordinator at Court Services, 410 Walnut Street, Suite #203, Yankton, SD 57078. The **Drug/DUI Court strives to complete the application process within 50 days of client arrest date.**
3. **Once application is received** by the Drug/DUI Court, you will be required to keep two scheduled appointments. These appointments must be completed before the Team will further consider your application.
 - The Court Services Office will call you to schedule a LSI-R (Risk/Needs Assessment)/CARS Assessment
 - _____ will call you to schedule a Treatment Needs Assessment

***Your attorney will receive written notification of acceptance or denial into the program.**

Contact Information

Name: _____ **DOB:** _____

Address: _____ **City:** _____

Cell/Phone Number: _____

Program Outline

Yankton County Drug & DUI Court is a court supervised, treatment orientated program and targets non-violent participants whose major problems stem from substance abuse. Yankton County Drug & DUI Court is a voluntary program. The program includes regular court appearances before the Drug & DUI Court Judge, alcohol/drug abuse treatment, individual/group counseling, alcohol/drug testing, and regular attendance at support group meetings (e.g.12-step meetings). The Drug & DUI Court team may assist and require educational/vocational/and or job placement services. The program length will be determined by the participant's progress, but will be no less than 18 months.

Application Requirements and Policy

All participants must voluntarily make application to the Yankton County Drug & DUI Court, undergo an eligibility assessment, and complete a chemical addiction assessment. All candidates must make an application to the Yankton County Treatment Court Coordinator no longer than 50 days from the date of arrest, unless granted an exception by the Drug Court. Candidates may enter the program only after approval by the Yankton County Drug & DUI Court Team.

The defendant consents to the disclosure of Drug Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for the purposes of obtaining information useful for acceptance into the Drug Court Program.

No applicants will be excluded based on the existence of a co-occurring disorder or other medical condition. All reasonable efforts will be made to ensure that the time between arrest and entry into the Drug Court program is less than 50 days.

Screening and Eligibility Criteria

- Drug Court is a post adjudication program. Participants must plead or have been found guilty of a felony drug/alcohol related offense or drug/alcohol related probation violation.
- Candidates must be at least 18 years of age;
- Candidates are only accepted into the program on a voluntary basis. Submission of a signed application into the program is deemed a voluntary request for admission.
- No person who is currently required to register as a sex offender may be accepted;
- Candidates must have a chemical dependency diagnosis;
- Candidates must meet risk-needs criteria as established by utilization of a validated risk-needs assessment tool and a validated clinical assessment tool;
- Candidates must constitute a substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation;
- The prosecutor with jurisdiction over the offense must approve the offender's participation in the program;

Applicant must reside within Yankton County to allow for intensive supervision.



Yankton County Drug & DUI Court Program
Unified Judicial System
First Judicial Circuit

Request for Admission to Yankton County Drug Court

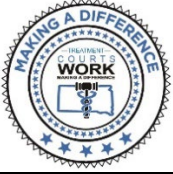
I, _____, state under penalty of law,
(print name)
that on _____ I was accused of/charged with
(Date)
the following offense (s):

I have no convictions for a violent offense as defined on the previous page. I have not been involved in a motor vehicle collision that resulted in injury or death to another person while under the influence of alcohol or other drugs.

I need substance abuse treatment and want to participate in the Yankton County Drug & DUI Court. I have read the entire contents of the Participant Handbook, understand everything in this document, and I am willing to follow the requirements of the Yankton County Drug & DUI Court if I am admitted into the program. I have had or will have meaningful opportunity to consult with an attorney regarding the Yankton County Drug & DUI Court.

Name (Signature)

(Date)



Unified Judicial System

Yankton County Treatment Court Application

Return to: Treatment Court Coordinator Sharon Kraft at
410 Walnut Street, Ste. 203, Yankton, SD 57078

Date of Application:		Referring Party:	
Criminal File No.:	Charges:	BAC, if available:	
Previous Treatment Court Participation? <input type="checkbox"/> No <input type="checkbox"/> Yes	Court:	When:	
Disability accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes	Accommodations Needed:		
Interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes	Language Needed:		
Full Name:		Date of Birth:	
Other Names Used:		Gender:	
Race:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		
Phone Number:	Email Address:		
Address:			
City:	State:	Zip Code:	
Driver's License Status: <input type="checkbox"/> None <input type="checkbox"/> Expired <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended <input type="checkbox"/> Valid <input type="checkbox"/> ID ONLY			
Driver's License Number:		State:	
State ID Number:		State:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Co-Habiting			
Primary Source of Financial Support:			Monthly Income: \$
Are you currently on probation? <input type="checkbox"/> No <input type="checkbox"/> Yes	Probation Officer:		
Are you currently on parole? <input type="checkbox"/> No <input type="checkbox"/> Yes	Parole Officer:		
Number of Law Enforcement Contacts:		Age of First Arrest:	
Have you ever been sentenced to prison: <input type="checkbox"/> No <input type="checkbox"/> Yes		When:	
Current living arrangements: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> With Friend/Family <input type="checkbox"/> Jail <input type="checkbox"/> Homeless			
Service the Military or Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes		Received Veterans Services? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Military Status: <input type="checkbox"/> Current Member <input type="checkbox"/> Honorable Discharge <input type="checkbox"/> Dishonorable Discharge <input type="checkbox"/> Other Than Honorable Discharge <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Other: _____			
Branch of Service:		Rank at Discharge:	
Discharge Date:		Discharge Reason:	
Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes-Significant Other	#/Children Under Age 18:	#/Children Over Age 18:	
Paying Child Support: <input type="checkbox"/> N/A <input type="checkbox"/> Current <input type="checkbox"/> Paying, not current <input type="checkbox"/> Not paying			
#/Children living with you:	#/Children living with other relative:	#/Children in foster care:	

#/Children living independently:	#/Children you had your parental rights terminated or relinquished:				
List all MEDICAL conditions:					
Prescribed medication in the past year: <input type="checkbox"/> No <input type="checkbox"/> Yes	Taking medication as prescribed? <input type="checkbox"/> No <input type="checkbox"/> Yes				
List ALL medications:					
Medical Insurance: <input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private					
List all MENTAL HEALTH diagnoses:					
Previous Treatment Services: <input type="checkbox"/> None <input type="checkbox"/> Detox <input type="checkbox"/> Inpatient <input type="checkbox"/> IOP <input type="checkbox"/> Outpatient <input type="checkbox"/> Jail-Based <input type="checkbox"/> Individual <input type="checkbox"/> Co-Occurring <input type="checkbox"/> Inpatient Mental Health <input type="checkbox"/> Outpatient Mental Health					
History of Overdose: <input type="checkbox"/> No <input type="checkbox"/> Yes	Drug of Overdose:				
Date of Overdose:					
Drugs of Choice: 1)	2)				
3)					
Current IV Drug Use: <input type="checkbox"/> No <input type="checkbox"/> Yes	History of IV Drug Use: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Currently in Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes	Where:				
Treatment Needs Assessment completed within the past 6 months: <input type="checkbox"/> No <input type="checkbox"/> Yes If YES — Provide a copy to the Treatment Court Coordinator					
Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____					
Employer:	Start-Date:				
Supervisor:	Phone Number:				
Address:					
Emergency Contact:	Relationship:				
Emergency Contact Address:	Phone Number:				
Significant Other:					
Significant Other Address:	Phone Number:				
Highest Grade Completed:	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational Training <input type="checkbox"/> 2 Year College Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Advanced College Degree				
CHILDREN					
Full Name:	Date of Birth:	Gender:	Full Name:	Date of Birth:	Gender:
Assistance/Benefits:	<input type="checkbox"/> None <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> VA <input type="checkbox"/> LIEAP <input type="checkbox"/> Child Support <input type="checkbox"/> SSI SSD <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Unemployment <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Other: _____				

Other Members of the Household		
Full Name:	Full Name:	Full Name:

Defense Attorney:

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.

Applicant Signature _____

Date _____

Defense Attorney 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 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



Yankton County Drug & DUI Court Program
Unified Judicial System
First Judicial Circuit

Records Release Authorization (Drug Court Involvement)

I, _____ authorize
(Name of Client)

- The Yankton County Drug & DUI Court Team (to include the Judge, defense attorney, prosecutor, probation officers, treatment representatives, law enforcement, and other Drug Court Team member)

AND

- Treatment Provider/s (to be added once known):
(Name and address of treatment program)

To communicate and to disclose to one another the following information: results of substance abuse evaluation/Treatment Needs Assessment (TNA), pertinent medical and/or psychological information, drug test results, or other diagnostic test results, and

Extent and nature of any addition information

The purpose or need for the disclosure is to **monitor my compliance with conditions of the Drug & DUI Court**. I understand that this **consent cannot be revoked** but will remain in effect until there has been a formal and effective termination of my involvement with the **Drug & DUI Court Program**.

Signature of Client

Date

Signature of Witness

Date

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Yankton County Drug & DUI Court Program

Unified Judicial System

First Judicial Circuit

Records Release Authorization (Referral for Treatment)

I, _____ herby give permission to
(Name of Client)

(Name and address of treatment program who completed Substance Abuse Evaluation)

To release from my files the following information: results of substance abuse evaluation, involvement and requirements of the Drug & DUI Court Program, pertinent medical and/or psychological information, drug/alcohol screen/test results, other diagnostic test results, and

Extent and nature of any additional information:

This information is to **be released to any substance abuse treatment/service provider within a 200-mile radius**. The purpose or need for the disclosure is for referral to substance abuse services in compliance with the conditions of the Drug Court mandate. I understand that this **consent cannot be revoked**, but will remain in effect until there has been a formal and effective **termination of my involvement with the Drug & DUI Court Program**.

Signature of Client

Date

Signature of Witness

Date

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Yankton County Drug & DUI Court Program 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 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 Service 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:** Average program length is a minimum of 18 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. Remote Breath;
 - D. Treatment/Counseling;
 - E. 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 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 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 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 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 Treatment Court Program. (____)

21. You shall request prior approval from the Treatment Court Team to use medical cannabis while in the Treatment Court Program. The participant must complete and submit the UJS 655 form with required attachments to the team. The request must also be accompanied by an affidavit completed by the practitioner that includes the following information:
- The practitioner has specialized training in addiction.
 - The practitioner has reviewed the participant's medical history and is aware of the participant's diagnosis, addiction, substance use history, and other prescribed medication(s).
 - The practitioner has consulted with the Yankton County Drug/DUI Court chemical dependency and mental health team members prior to providing a medical marijuana recommendation.
 - The Practitioner believes there is no other reasonable and evidence-based medication treatment alternative to the medical marijuana recommendation.

The practitioner recommendation must fully comply with SDCL Ch. 34-20G, including that the participant and practitioner have a bona fide relationship. The participant must sign a release authorizing the communication and exchange of information between the practitioner and the Yankton County Drug/DUI Court team members. The Judge has discretion to require a hearing regarding the request to use medical marijuana. If approved, the participant shall keep and provide all dispensary receipts to the team and will be financially responsible for any additional laboratory cost for the purpose of monitoring levels to ensure compliance. If the request is approved by the team the participant must submit the request (UJS 655 form) to the sentencing court judge. (____)

22. DRUG TESTING: I understand that results of my tests shall be admissible as evidence in the Treatment Court. (____)
23. 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. (____)
24. ALCOHOL/DRUG TREATMENT AND COUNSELING: I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling. (____)
25. 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. (____)

26. EMPLOYMENT/EDUCATION/JOB TRAINING: I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. (___)
27. 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. (___)
28. 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. (___)
29. 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. (___)
30. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Treatment Court Judge for all purposes, including sanctions. (___)
31. 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: _____



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.

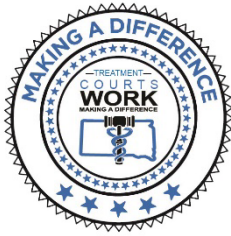
Name:	
Address:	
City:	
State:	
Zip Code:	
Telephone:	

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 Testing Agreement

While in the Treatment Court program, the following criteria will be met:

- I will use my own urine or bodily fluids for all tests.
- Tests will be held on a frequent and random basis including weekends and holidays.
- I have the right to dispute test results at my own expense.
- I will be given a time and location to report for testing.
- I must have a working phone, so I can be reached at any time.
- If I am late or do not show up for a test, I can receive a sanction.
- If I do not give a urine sample or if I give a diluted sample, it is a positive test.
- I will not use poppy seeds, herbal supplements or cleaning/masking products to interfere with testing.
- I may be sanctioned for being with or around other people who use drugs or alcohol.
- I will not use any products that can change a urine sample.
- I can be sanctioned for using substances that avoid detection on tests.
- I can be subject to instant testing if there is reason to suspect recent use.
- I will not take over the counter medication without permission from my Court Services Officer. If over the counter medication is used, it may be a positive test. I can be sanctioned.
- It is my duty to inform my doctor that I am in a Treatment Court. I will need to provide my Court Services Officer with a Doctor's note. If I do not I may be sanctioned.
- This consent cannot be revoked until there has been a formal and effective discharge from the Treatment court.

Participant Signature	
Date	
Witness Name Printed:	
Witness Signature:	
Date:	



Treatment Court Absconder Policy

Treatment Court is a voluntary program. You can ask to remove yourself from the program at any time. However, your probation may be revoked if you do not complete the program. If you voluntarily abscond from probation while in Treatment Court, you have chosen to voluntarily remove yourself from the program and can be terminated from Treatment Court.

If you are terminated from Treatment Court, your case(s) will be returned to a circuit court judge for the probation violation. The circuit court judge will make the final decision about probation revocation and sentence, limited only by the maximum penalty allowed by law.

I, _____, understand that if I choose to abscond from Treatment Courts I may be terminated from the program without any further notice beyond this policy.

Participant Signature

Date

Defense Attorney Signature

Date



Treatment Court Defense Attorney

Yankton County Drug/DUI Court Defense Attorney Luci Youngberg will be your defense attorney the whole time you are in Yankton County Drug/DUI Court. You have the right to get your own attorney if you want. Even though Attorney Luci Youngberg is a member of the Yankton County Drug/DUI Court Team, he/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 him/her which he/she cannot share with the Team unless you give him/her permission to do so.

Attorney Luci Youngberg's job is to help you understand your rights and the requirements of the Yankton County Drug/DUI Court program. The Yankton County Drug/DUI Court Judge makes all final decisions, but Attorney Luci Youngberg will advocate for you to the Judge and the Team. Attorney Luci Youngberg 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 Luci Youngberg will represent you in evidentiary hearings if you want to question the facts used to decide on sanctions or terminations. Attorney Luci Youngberg will also represent you if you are facing termination from Yankton County Drug/DUI Court and if you are facing a Probation Violation after termination from Yankton County Drug/DUI Court, unless you request a different attorney.

Attorney Luci Youngberg will attend Yankton County Drug/DUI Court sessions, and he/she can answer questions you might have during Yankton County Drug/DUI Court. You should contact him/her **before** Yankton County Drug/DUI Court if possible to talk about any issues that might come up. You can reach him/her at (605) 660.4535



Participant Handbook Receipt And Acknowledgment 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:	