



—PROBLEM SOLVING—
COURTS
WORK
MAKING A DIFFERENCE

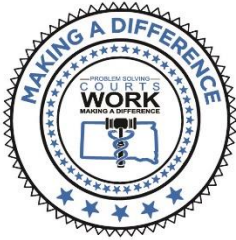
Application

Application Process

1. Read through the Participant Manual with your defense attorney.
2. Fill out and submit the following application and Consent for Disclosure of Confidential Substance Abuse Treatment Information to the Problem-Solving Court Office in the Brookings County Courthouse.
3. **Once application is received** by the Problem-Solving Court, you will be required to keep two, or possibly three, 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)
 - Lutheran Social Services will call you to schedule a Treatment Needs Assessment AND a possibly a Mental Health Assessment. There will be paperwork you **must** complete for them **before** either of those appointments.

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

4. If you are accepted into the program, you must complete the following forms, which can be found at the end of the Participant Handbook.
 - Problem-Solving Court Publicity Consent Form
 - Problem-Solving Court Participant Manual Receipt and Acknowledgement
 - South Dakota Prescription Drug Monitoring Program
 - Drug and Alcohol Testing Contract



Unified Judicial System

Application to Brookings County Problem-Solving Court Program

Do you need disability accommodations? Yes No

If yes; please state request: _____

Will an interpreter be needed? Yes No If Yes; what language? _____

Name:			
Other names used:			
Race:		Gender:	
Date of Birth:			
Current Address:			
City, State, Zip:			
Do you rent, own, or live with someone at no cost?			
If with someone, who and what relationship to you?			
Other States you have lived in:			
How long at current address:			
Current phone number:			
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
State ID #: _____			
Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, license # _____			
Reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____			
Are you ordered to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Are your payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No			

List **all** children, their DOB, and if they live with you or someone else (a relative, DSS care, guardian, adult and living on their own, etc.):

Significant Other Full Name:

Date of Birth:

Does your significant other have criminal court involvement? Yes No

If Yes – What? _____

Other people in your home:

Name (First, Middle, Last):	DOB:	Criminal Involvement	What?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact:			
Relationship to you:			
Their phone number:			

Do you receive disability? Yes No If yes, how much monthly? _____

Are you working? Yes No

Employer's Name:			
Employer's Phone Number:			
Hourly Wage:		Monthly Income:	

Are you an Addict? Yes No

What is your Primary Substance of Choice? _____

Primary Physician:			
Clinic Address:			
Clinic Phone:			
Do you have a Mental Health Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any Mental Health Diagnosis:			
Do you take Prescribed Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all Prescribed Medications:			
Have you completed a Drug and Alcohol Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When:			Where:
LSI-R Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			When:
LSI-R Score:			
Highest education level completed:	<input type="checkbox"/> GED <input type="checkbox"/> High School Graduation <input type="checkbox"/> Other: _____		
Any skill or trade:			
Certification or Degree:			
Currently on Probation:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Probation Officer Name:			

Do you currently have any matters pending in another court? Yes No

If yes; where and what are the charges? _____

Have you been sentenced to a Problem-Solving Court before? Yes No

When:

Where:

Have you ever been sentenced to the Penitentiary? Yes No If yes, when? _____

Have you ever been on parole? Yes No If yes, when? _____

“The defendant consents to the disclosure of Problem-Solving 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 Problem-Solving Court Program.”

Defense Attorney Name:	_____
Defense Attorney Signature:	_____
Date:	_____
Brookings County File #/s:	05CRI _____
	05CRI _____
Applicant Signature:	_____
Date:	_____