



—PROBLEM SOLVING—
COURTS
WORK
MAKING A DIFFERENCE

Application

Application Process

1. Discuss Drug Court and the information in the Participant Handbook with your defense attorney.
2. We strongly advise you to attend a session of Drug Court, which is held every Wednesday at 2:00 pm. When court is over, you may meet with the Coordinator and the Court Services Office to ask any questions and discuss your interest.
3. Fill out and submit the following application and Consent for Disclosure of Confidential Substance Abuse Treatment Information to the Problem-Solving Court Office, which is located at Court Services, above the Beadle County Sheriff's Office.
4. **Once application is received** by the Problem-Solving Court, you will be required to keep 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 an

- LSI-R (Risk/Needs Assessment)

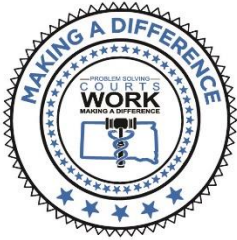
Community Counseling Services will call you to schedule an appointment for a

- Treatment Needs Assessment **AND** a separate appointment for a
- Mental Health Assessment.

There will be paperwork you **must** complete for CCS before those appointments.

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

5. If you are accepted into the program, you must complete the following forms. The Drug Court defense attorney will go over them with you before you sign them.
 - Problem-Solving Court Publicity Consent Form
 - Problem-Solving Court Participant Manual Receipt and Acknowledgement
 - South Dakota Prescription Drug Monitoring Program



Unified Judicial System

Application to Beadle 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.):

Are you single, co-habiting, married, separated, divorced, widowed:

Significant Other's Full Name & DOB:

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 Drug of Choice? _____ Secondary? _____

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:			
Education level completed:	<input type="checkbox"/> GED <input type="checkbox"/> High School Graduation <input type="checkbox"/> Other: _____		
Any assistance received:			
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:	
Current Beadle Co. File #/s:	02CRI _____
	02CRI _____
Applicant Signature:	
Date:	

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

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

I further understand that as an essential component of the Drug 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 disclosure 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 disclosure to third persons who may attend any of my Drug 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 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.**

_____ Date _____
Drug Court Participant

_____ Date _____
Witness