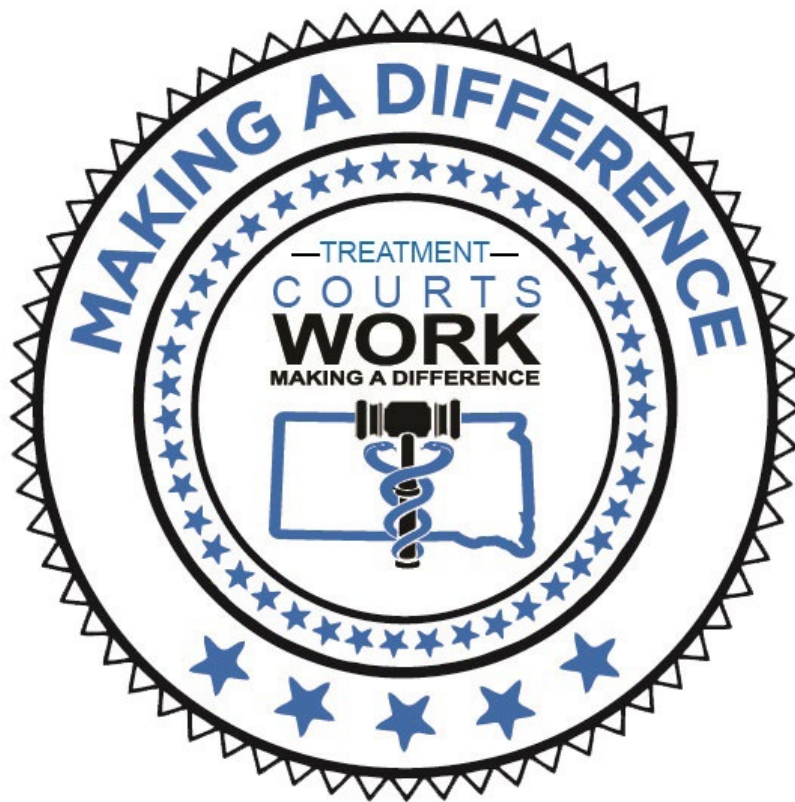


James Valley Drug Court Participant Handbook



James Valley Drug & DUI Court
200 E. 4th Ave.
Mitchell, SD 57301
605-661-6587

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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 testing. I will also go to support group meetings. Drug Court lasts at least 16 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 within 24 miles of the Davison County Courthouse so that the 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 tests, 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 might 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. At first, I will attend court each week. While I am there, I will encourage my fellow participants by clapping at their progress. Unless I have been given permission ahead of time, I will stay until Drug Court is over.

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 or low cut/see through tops or bottoms. I will act appropriately while at/in 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 weapons
5. Inappropriate sexual behavior

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 the 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 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.

What Are My Goals While I am in Drug Court?

While I am in Drug Court I agree to work on individual goals with my Court Services Officer. I am also required to work on general goals. Those goals are to learn to be alcohol and/or drug free, learn better life coping skills, adjust to an alcohol/drug free lifestyle, begin a non-criminal pattern of living, gain employment skills, attend support groups, work on social skills, self-esteem and self-motivation, build a relapse prevention program with my Chemical Dependency treatment counselor, learn budgeting skills and make payments on money owed to the court and others, and work on using my time more effectively.

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.

Phases of Drug Court

The Program consists of five (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 16 months. Before graduating from the Program, you must complete a **Program Exit Survey**.

Phase 1 – Acute Stabilization

- Minimum of **60 days in the phase**
- Minimum **14 days of continuous sobriety**
- Attend Court each Thursday of the month
- Engage with treatment
- Comply with supervision
- Attend weekly office visits
- Comply with drug tests
- Maintain 10 p.m. curfew
- Comply with monthly home visits
- Address housing needs
- Schedule and complete (if possible) a physical exam
- Begin changing people, places and things
- Make consistent use of daily planner
- Complete phase advancement application to advance to next phase

Phase 2 – Clinical Stabilization

- Minimum of **60 days in the phase**
- Minimum **30 days of continuous sobriety**
- Attend Court each Thursday of the month
- Engage with treatment
- Comply with supervision
- Attend weekly office visits
- Comply with drug tests
- Maintain 10 p.m. curfew
- Comply with monthly home visits
- Maintain Team approved housing
- Complete physical exam (if not completed in Phase 1)
- Begin attending self- help groups (ex. 12 step groups, SMART Recovery, Celebrate Recovery, etc.)
- Seek and obtain a sponsor/mentor for self-help groups
- Change people, places and things
- Make consistent use of daily planner
- Complete phase advancement application to advance to the next phase

Phase 3 – Pro-Social Habilitation

- Minimum of **120 days in the phase**
- Minimum **60 days of continuous sobriety**
- Attend Court every other Thursday of the month
- Engage with treatment
- Comply with supervision
- Attend monthly office visits
- Comply with drug tests
- Maintain 11 p.m. curfew
- Comply with monthly home visits
- Maintain Team approved housing
- Maintain attendance at 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 activity
- Begin job or vocational training, job search or school (if applicable)
- Demonstrate changing people, places and things
- Main consistent use of daily planner
- Complete phase advancement application to advance to the next phase

Phase 4 – Adaptive Habilitation

- Minimum of **120 days in the phase**
- Minimum **60 days of continuous sobriety**
- Attend Court every other Thursday of each month
- Engage with treatment
- Comply with supervision
- Attend monthly office visits
- Comply with drug tests
- Maintain 11 p.m. curfew
- Comply with monthly home visits
- Maintain Team approved housing
- Continue to address medical issues (if applicable)
- Maintain attendance at 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
- Maintain employment, vocational training, or school
- Address support services (parenting, family support, etc.)
- Demonstrate changing people, places and things
- Make consistent use of daily planner
- Complete phase advancement application to advance to the next phase

Phase 5 – Continuing Care

- Minimum of **120 days in the phase**
- Minimum **60 days of continuous sobriety**
- Attend Court one designated Thursday of each month
- Engage with treatment
- Develop a continuing care plan with treatment
- Comply with supervision
- Attend monthly office visits
- Comply with drug tests
- Maintain 12:00 a.m. curfew
- Comply with monthly home visits
- Maintain Team approved housing
- Continue to address medical issues (if applicable)
- Maintain attendance at 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
- Maintain employment or schooling
- Continue to address support services (parenting, family support, etc.)
- Demonstrate changing people, places and things
- Make consistent use of daily planner
- Complete application for commencement
- Have participated in the program for at least 16 months
- Pay all fees on current Drug Court file(s)
- Pay all treatment related fees
- Complete Exit Survey

How Do I Complete Drug Court?

I am required to submit a written application to the Drug Court Team asking to graduate and explain all I have completed in the program. I will be in Drug Court for at least sixteen (16) months and will have to do all of the following to graduate.

Commencement Requirements

- Complete all 5 phases
- Participated in Program for at least 16 months
- Maintain change in people, places and things (see probation agreement)
- Pay all fees on current Drug Court file(s)
- Pay all treatment related fees
- Employed or attending school
- Approved housing
- Complete Exit Survey/Interview

Upon successfully completion of all 5 phases, meeting graduation 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, sober days are earned 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.

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 negative again.
- other sanctions as determined by Drug Court team.

Missing or appearing late to 24/7 testing will result in the below sanctions:

Sanctions for missing 24-7 are as follows:

Sanction:

- Immediate Jail
- Notify Judge Bucher (CSO and/or jail/LE)
- Release when able to provide negative test.
 - 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.

Sanctions for being late for 24-7, but testing negative are as follows:

Sanction:

- Need to have a UA completed at that time
- Participant must attend the next scheduled Court hearing to address violation. Team will have discussion from there to determine sanction.

Missing or appearing late for UA testing will result in the below sanctions:

When participant is notified to provide a UA sample for random testing, he/she has 2 hours from the time of notification to provide the sample. Anything outside of the 2-hour window may be considered a missed UA and may be treated as a positive test. Sanctions for missing a UA are as follows:

Sanction:

- Immediate Jail
- Notify Judge (CSO and/or jail/LE)
- Release when able to provide negative test.
 - 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.

Sanctions for being late for UA, but testing negative are as follows:

Sanction:

Participant must attend the next scheduled Court hearing to address violation. Team will have discussion from there to determine sanction.

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 may cause loss of 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	Possible 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
✓ Dishonesty	✓ Verbal reprimand
✓ Failure to attend self-help meetings	✓ Written letter
✓ Breaking curfew requirements	✓ Temporary incarceration
✓ Reporting late to PBT or UA	✓ Loss of sober days
✓ Testing positive on PBT or UA	✓ House arrest
✓ Late/missed treatment appointments	✓ No phase progression
✓ Failure to make fine payments	✓ Increased court appearances
✓ Risky behavior	✓ Increased reporting to Court Services
✓ Unprepared for court/treatment	✓ Delay in phase promotion
✓ Tampering with UA	✓ Community Service hours
✓ Criminal behavior	✓ Daily written schedule
✓ Absconding	✓ Curfew restrictions
✓ Arrest	✓ 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
- Abscond
- 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. Any member of the Drug Court Team makes a motion for termination
2. Court Services Officer will provide me with a written notice of the motion. The motion will explain the reasons for the termination.
3. The Judge will advise me of my due process rights, the potential penalty of termination for Drug Court, and the termination from the Drug Court may be used as grounds to revoke a suspended prison sentence.
4. I will be offered the chance to be represented by a lawyer for the Drug Court termination process. I can either hire my own lawyer or ask for court appointed counsel.
5. I will ask to either admit or deny the allegations that led to the motion to terminate.
6. If I deny allegations I will receive an immediate hearing where I can present any evidence or comments to the Court and Team.
7. If I admit or the Court find I committed the alleged violations, I will have a chance to address the Court and the Team as to whether I should be terminated from the program.
8. After the Court session, the Drug Court Team will meet to discuss termination.
9. The Judge, after consulting with the Team, will make the final decision as to whether I am terminated from the program.
10. If I am terminated, the Judge will advise me of my rights concerning potential probation revocation and appoint me an attorney.

11. If I am terminated, I will be required to participate in an exit interview.

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 or have run off from court services supervision while in the Drug Court Program, I will be considered to have voluntarily removed myself.

<h2>Fees</h2>

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 fine

James Valley Drug Court Application & Forms

Drug Court Application Process

1. Read through the Participant Manual with defense attorney.
2. Fill out and submit the following application and Consent for Disclosure of Confidential Substance Abuse Treatment Information to the Treatment court Office in the Davison County Court House. **The Drug/DUI Court strives to complete the application process within 50 days of your clients arrest date.** We appreciate your assistance in returning applications/consent forms to the office as soon as possible.
3. **Once application is received** by the Treatment 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)
 - You will need to contact Stepping Stones at (605)995-8180 to schedule a Treatment Needs Assessment
 - You will meet with the Drug Court Defense Attorney to review consent/waiver forms. He/She will schedule this meeting.

*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 are included in with Participant Handbook.
 - Treatment court Publicity Consent Form
 - Treatment court Treatment Program Basic Understanding, Waivers and Agreements
 - Treatment court Participant Manual Receipt and Acknowledgement



Unified Judicial System

James Valley Drug Court Application

Return to: Treatment Court Coordinator Sharon Kraft at Sharon.kraft@ujls.state.sd.us

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:	
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



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: _____



James Valley 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 County7 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: _____



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:	



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: _____



Treatment Court Defense Attorney

James Valley Drug/DUI Court Defense Attorney Micayla Bamberg will be your defense attorney the whole time you are in James Valley Drug/DUI Court. You have the right to get your own attorney if you want. Even though Attorney Micayla Bamberg is a member of the James Valley 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.

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

Attorney Micayla Bamberg will attend James Valley Drug/DUI Court sessions, and he/she can answer questions you might have during James Valley Drug/DUI Court. You should contact him/her before James Valley Drug/DUI Court if possible, to talk about any issues that might come up. You can reach him/her at (605) 996-5588.