

Drug Court Participant Handbook



Second Judicial Circuit
425 N Dakota Ave
Sioux Falls, SD 57104
Updated 7/1/2022



Show Up

Try

Be Honest

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Welcome Letter from Judge

Greetings,

It is with great pleasure that I welcome you into Drug Court and congratulate you on taking the first step towards long-term recovery. You are an important part of our program. I am privileged to serve as the Judge and focus my leadership on creating an effective program that will meet your needs. I am committed to your wellbeing and success in this program.

It's different in Drug Court – your team, counselors and fellow participants will partner with you as you work towards your goals.

This handbook is prepared to assist you in the process of being successful in this treatment court. As a participant you are responsible for your actions and this handbook will serve as a guide to those actions.

The team and I stand by to support and challenge you as you take this great leap towards a new life.

A handwritten signature in black ink that reads "Judge Pat Riepel". The signature is written in a cursive, flowing style.

Drug Court Judge Pat Riepel

Your Team

Judge Patricia Riepel - Judge

Judge Natalie Damgaard - Judge

Kristi Jacobsma - Chemical Dependency Counselor

Sara Cady – Chemical Dependency Counselor

Ruth Hoffenkamp-Gunnink - Mental Health Counselor

Brandi Knife – Cultural Coordinator

Audie Murphy - Prosecutor

Meghan McCauley - Prosecutor

Katie Dunn – Defense Attorney

John O'Malley – Defense Attorney

Jason Lillestol - Court Service Officer

Kelsey Bertram - Court Service Officer

Jessica Nieman – Court Service Officer

Sergeant Paul Creviston - Law Enforcement

Michelle Boyd - Law Enforcement

Dez Murray - Coordinator



Show Up - Try - Be Honest

Defense Attorney

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

Attorney Dunn's job is to help you understand your rights and the requirements of the Drug Court program. The Drug Court Judge makes all final decisions, but Attorney Dunn will advocate for you to the Judge and the Team.

Attorney Dunn 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 Dunn will represent you in evidentiary hearings if you want to question the facts used to decide on sanctions or terminations. Attorney Dunn will also represent you if you are facing termination from Drug Court and if you are facing a Probation Violation after termination from Drug Court, unless you request a different attorney.

Attorney Dunn will attend Drug Court sessions, and she can answer questions you might have during Drug Court. You should contact her **before** Drug Court if possible to talk about any issues that might come up. You can reach her at (605) 367-4242.

Mission Statement

Guiding participants to a substance free lifestyle which includes being able to work, parent and be an active member of the community.

Eligibility Criteria

- At least 18
- Felony charges
- Qualification based on risk/needs assessment
- Pass legal screen for entry into the Drug Court program
- Resident of the 2nd Circuit
- Willing to participate in the Drug Court program (demonstrated by applying)

Application Process for Drug Court

- ✓ Meet with attorney, complete application.
- ✓ Return signed application to Drug Court Coordinator:
 - Dez Murray: 605-215-2648
- ✓ Contact one of the Drug Court Service Officer listed below, to schedule risk/needs assessment.
 - Jason Lillestol – 605-201-4312
 - Kelsey Bertram – 605-261-8772
 - Jess Nieman – 605-215-4354
- ✓ The Drug Court Service Officer will connect you to treatment for further assessments.
- ✓ Once application is returned, your risk/needs assessment and treatment assessments are completed, your attorney will receive written notification of acceptance or denial into the program.

Why Drug Court?

Drug Court's goal is RECOVERY, not just sobriety. "Recovery" is defined as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. We want you to be the best you can be.

DRUG COURT GIVES YOU A CHANCE TO IMPROVE YOUR:

Health



- ◆ Achieve sobriety
- ◆ Address mental health problems
- ◆ Improve physical health

Home



- ◆ Have a safe and stable place to live

Purpose



- ◆ Have meaningful daily activities (job, school, volunteering, family caretaking, creative projects)
- ◆ Be a productive member of society

Community



- ◆ Build relationships and social networks that provide support, friendship, love, and hope

Court Requirements

Drug Court program has five phases and takes a minimum of 18 months to complete.

Drug Court sessions are held weekly on Thursdays at 1:30PM. How often you must come is based on your phase. Court appearances are mandatory, and failure to appear will result in a bench warrant for your arrest.

Location: 425 N. Dakota Ave., Sioux Falls, Courtroom: 1A

Time: Your CSO will alert you to your court session time.

Contact your CSO if you are going to be late or miss court.

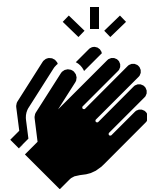
While at Court:

Be on time. Be respectful to the Judge, the team, and your fellow participants.

Turn off your phone and place it in area directed by your court service officer.

Be quiet and pay attention. You should be dressed appropriately always and maintain adequate personal hygiene. Do not wear anything that is too tight or revealing. Do not wear hats, bandanas or do-rags. No sunglasses or clothes with drug/alcohol logos or gang symbols.

During court, be supportive of your fellow participants and encourage them with applause.



Program Requirements

Show up and be on time

As a Drug Court participant, you will need to go to a lot of different appointments for treatment, counseling, educational, and other types of services. If you need to change any appointment, you must do it at least 24 hours before the appointment starts. Contact the treatment provider to approve.

It is your responsibility to set up your own appointments, keep track of them, and go to the appointments as scheduled. **You will be provided with a planner**, and the team will help you fill it out. It is very important to keep these appointments and to be on time. Being late or missing appointments can result in sanctions.

Follow your probation plan

Your court service officer will instruct you on all the rules and expectations of probation. You must follow and fully comply with all instructions from your court service officer. Non-compliance will result in a violation of probation. You are expected to keep all appointments, be on time, and be respectful to all probation staff.

You are expected to follow all conditions of probation.

Follow your treatment plan

Your treatment plan is unique and tailored to fit you. Do not compare your treatment plan to another participant's. You are here to focus on your own recovery. If you have questions about your treatment plan contact a member of treatment. Your treatment plan will be made by you and your counselors. You will get both addiction and mental health treatment. You will be in both individual and group sessions. The team will talk regularly about how you are doing in treatment.

Confidentiality

To participate in Drug Court, you must sign a release that says the Drug Court team can share information about your progress during team meetings. Court hearings are open to the public.

The Drug Court team and counselors make every possible effort to ensure your personal information is protected.

Honesty is always the best policy



HONEST

Thousands of people overcome their substance use disorder every year, but it is not easy. Your success will take your best effort. Your best effort includes being truthful to everyone involved in your recovery.

Ask for help

The entire Drug Court team wants you to succeed. If you are struggling, or have questions or concerns about anything, ask for help. You are not in this alone.

Important things you should tell probation:

- If you used alcohol or any mind-altering substance
- Any change to your phone number
- All changes to work or school schedule
- All medications, pills, and supplements you are taking
- If you had contact with the police or have been arrested

Follow all directions of the Drug Court Team

Follow all laws. Do not commit any crimes. Do not threaten anyone or commit any violent acts. Tell your court service officer right away if you have contact with police (even if it was not your fault).

Housing

Live in a safe and sober place that supports your recovery.

Tell probation where you are living and who you are living with. Do not have unapproved guests or visitors, and do not let someone move in without permission. Do not move without permission. The team might require you to move if you are not living in a safe and sober place that supports your recovery.

Driving

- **You are not allowed to drive without a valid Driver's License.**
- **You are not allowed to drive without vehicle insurance.**
- **You are not allowed to drive without the Teams' permission.**

You shall not drive any motor vehicle prior to approval from the team and are lawfully licensed and insured.

Employment

During your time in Drug Court, you must be employed, or enrolled full-time in educational or job training. Employment, schooling or training must be approved by the team. If you lose your job or are terminated from a program, you will notify your court service officer immediately.

Do not Gamble

Gambling is just as addictive as drugs and alcohol. DO NOT go into casinos or gaming/gambling businesses. Do not play games of chance, lottery, or any kind of betting for money, prize, or something of value.

Use and update your daily planner

Write all your appointments and daily activities in your Drug Court planner.

Drug Court Costs

You are required to pay your court costs, fines, fees, attorney fees, and any other money ordered at sentencing. Work with your Court Service Officer to make a payment plan.

Program Related Fees

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

- 24/7 Program
- Lab analysis for positive UA's
- SCRAM
- Interlock
- Other

Drug Testing

Drug Testing is frequent and random during the entire program. **Every day you will call into the drug testing system to determine if you will be tested.**

- Phone Number: 605-307-3636

Monday through Friday testing

Court Services Office 2nd Floor of the Courthouse
425 N. Dakota Ave., Sioux Falls, SD 57104
7:30AM – 10:30AM.

Saturday and Sunday testing

Minnehaha County Jail 24/7 desk
305 W. 4th St., Sioux Falls, SD 57104
7:00AM – 9:00AM

Positive tests will be reported to the team, and an appropriate therapeutic adjustment and/or sanction will be given.

If you are disputing the positive test you will need to pay \$35 to have the test sent into the lab for confirmation. If the test is positive you will not be refunded that money. If the test is negative you will be refunded that money.

Positive UAs will result in loss of program sober days.

Missed UAs will result in loss of program sober days.

Do not have or use drugs or alcohol

Sobriety is a focus of the Drug Court program. A sober lifestyle is important to your recovery. This includes avoiding all alcohol and any other substance that is mind and/or mood altering unless approved by the team. Stay away from establishments whose main business is the sale of alcohol, unless permitted by your court service officer. Do not use or have any drugs or alcohol with you, in your home, or your vehicle.

Admitting you used drugs or alcohol before a test will almost always lessen the sanction you may receive.

The following substances are not allowed: Kratom, CBD, delta-8 CBD, delta-10 CBD, THC V, O, and other variants, spice/K2, synthetic drugs, flakka, bath salts, and any other substance labeled not for human consumption.

Poppy seeds are prohibited.

Do not use any herbal or over the counter medications without talking with your counselor and court service officer.

Prescription Medication Policy

If your doctor gives you any medication in response to an illness or injury, you must:

- Tell your court service officer
- Bring in documentation of any medication you are given
- You must sign a release allowing Drug Court staff to talk with your doctor about your use of the medication

The emergency room should be used for life-threatening situations only.

Incentives, Sanctions and Therapeutic Adjustments

The court uses incentives, sanctions and therapeutic adjustments in response to your accomplishments, behaviors and treatment needs.

Incentives

An incentive is an acknowledgement by the Drug Court Team that you have reached a milestone or have completed a goal towards your life in recovery. As you progress through Drug Court you will receive incentives from the Drug Court team. Incentives may be received for a variety of behaviors/achievements.

Examples of incentives are:

- Incentive slip (worth 1 point to be used to “buy” items)
- Gift cards
- Phase advancement
- Permission to travel

- Medals/Coins

Therapeutic Adjustments

A therapeutic adjustment is a change in the treatment plan. Therapeutic adjustment can include, but are not limited to:

- Increased self-help/peer support meetings
- Increase in substance testing
- Journaling
- Motivational interviewing exercise
- Residential treatment

These adjustments are made with input from your counselors to assist you in reaching your treatment goals.

Violations and Sanctions

Sanctions are given for not following the rules of the program. The Drug Court Judge and Team will discuss sanctions based on any violations. Judge will administer sanctions in court.

Sanctions can include, but are not limited to, the following:

- Verbal warning
- Extended phase time
- House arrest
- Incarceration
- Daily check in's

How do I successfully complete Drug Court?

- Drug Court lasts 18-24 months
- I am required to submit a written request to the Drug Court Team asking to graduate and explain all I have completed in the program
- Drug Court consists of five (5) phases. Each phase is explained in detail below
- Show up
- Try
- Be Honest
- Engage and complete treatment.

Phases and Requirements

Phase 1	
<ul style="list-style-type: none"> <input type="checkbox"/> Minimum of 60 days <input type="checkbox"/> 14 days of continuous sobriety <input type="checkbox"/> Weekly Court Attendance <input type="checkbox"/> Comply with Treatment <input type="checkbox"/> Comply with Probation <input type="checkbox"/> Attend all scheduled meetings <input type="checkbox"/> Develop a case plan with mental health <input type="checkbox"/> Develop a treatment plan with treatment <input type="checkbox"/> Introduction to support groups <input type="checkbox"/> Address housing 	<ul style="list-style-type: none"> <input type="checkbox"/> Follow recommendations of programming for recovery support meetings. <input type="checkbox"/> Report for drug testing as required <input type="checkbox"/> Maintain a weekly/daily planner <input type="checkbox"/> Obtain and complete medical assessment <input type="checkbox"/> Change people, places and things <input type="checkbox"/> Submit written request to move to next phase <input type="checkbox"/> Meet with Kristi at Falls Community

Phase 2	
<ul style="list-style-type: none"> <input type="checkbox"/> Minimum of 90 days <input type="checkbox"/> 30 days of continuous sobriety <input type="checkbox"/> Weekly Court Attendance <input type="checkbox"/> Comply with Treatment <input type="checkbox"/> Comply with Probation <input type="checkbox"/> Attend all scheduled meetings <input type="checkbox"/> Report for drug testing as required <input type="checkbox"/> Attend two (2) recovery support meetings per week 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain planner <input type="checkbox"/> Maintain approved housing <input type="checkbox"/> Start looking for employment <input type="checkbox"/> Complete budget plan <input type="checkbox"/> Change people, places and things <input type="checkbox"/> Complete MAAZE <input type="checkbox"/> Submit written request to move to next phase <input type="checkbox"/> Begin working with a sponsor or peer recovery person

Phase 3	
<ul style="list-style-type: none"> <input type="checkbox"/> Minimum of 90 days <input type="checkbox"/> 45 days of continuous sobriety <input type="checkbox"/> Bi-weekly court attendance <input type="checkbox"/> Comply with Treatment <input type="checkbox"/> Comply with Probation <input type="checkbox"/> Attend all scheduled meetings <input type="checkbox"/> Review treatment plan, develop implementation of relapse prevention 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain approved housing <input type="checkbox"/> Obtain employment <input type="checkbox"/> Begin MRT if recommended <input type="checkbox"/> Attend two (2) recovery support meetings per week <input type="checkbox"/> Establish pro-social activity <input type="checkbox"/> Change people, places and things

<input type="checkbox"/> Report for drug testing as required <input type="checkbox"/> Maintain planner	<input type="checkbox"/> Submit written request to move to next phase.
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Phase 4	
<input type="checkbox"/> Minimum of 90 days <input type="checkbox"/> 60 days of continuous sobriety <input type="checkbox"/> Monthly court attendance <input type="checkbox"/> Comply with Treatment <input type="checkbox"/> Comply with Probation <input type="checkbox"/> Attend all scheduled meetings <input type="checkbox"/> Review case plan <input type="checkbox"/> Report for drug testing as required <input type="checkbox"/> Maintain planner	<input type="checkbox"/> Maintain approved housing <input type="checkbox"/> Attend three (3) recovery support meetings per week <input type="checkbox"/> Maintain pro-social activity <input type="checkbox"/> Maintain employment <input type="checkbox"/> Change people, places and things <input type="checkbox"/> Submit written request to move to next phase.

Phase 5	
<input type="checkbox"/> Minimum of 90 days <input type="checkbox"/> 90 days of continuous sobriety <input type="checkbox"/> Monthly court attendance <input type="checkbox"/> Comply with Treatment <input type="checkbox"/> Comply with Probation <input type="checkbox"/> Attend all scheduled meetings <input type="checkbox"/> Review case plan, develop continuing care plan <input type="checkbox"/> Report for drug testing as required	<input type="checkbox"/> Maintain planner <input type="checkbox"/> Maintain approved housing <input type="checkbox"/> Attend three (3) recovery support meetings per week <input type="checkbox"/> Maintain pro-social activity <input type="checkbox"/> Maintain employment <input type="checkbox"/> Change people, places and things

What happens if I Fail to Follow the Rules of Drug Court?

When I fail to follow the rules of the program, I can be terminated from Drug Court.

Some examples of reasons to terminate are:

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

- Violating rules of the Drug Court.
- Concern for public safety.
- Driving without a valid Driver's License.
- Driving under the influence.
- Commission of a crime.
- Failure to attend Drug Court hearings.
- Absconding of treatment program.
- Absconding from Drug Court.
- Drug dealing.

- Evidence that participant is involved in any threatening, abusive, or violent verbal or physical behavior towards anyone.
- Tampering with drug/alcohol screening tests.
- Failure to make satisfactory progress.
- Any other grounds that the Drug Court Team finds sufficient for termination.

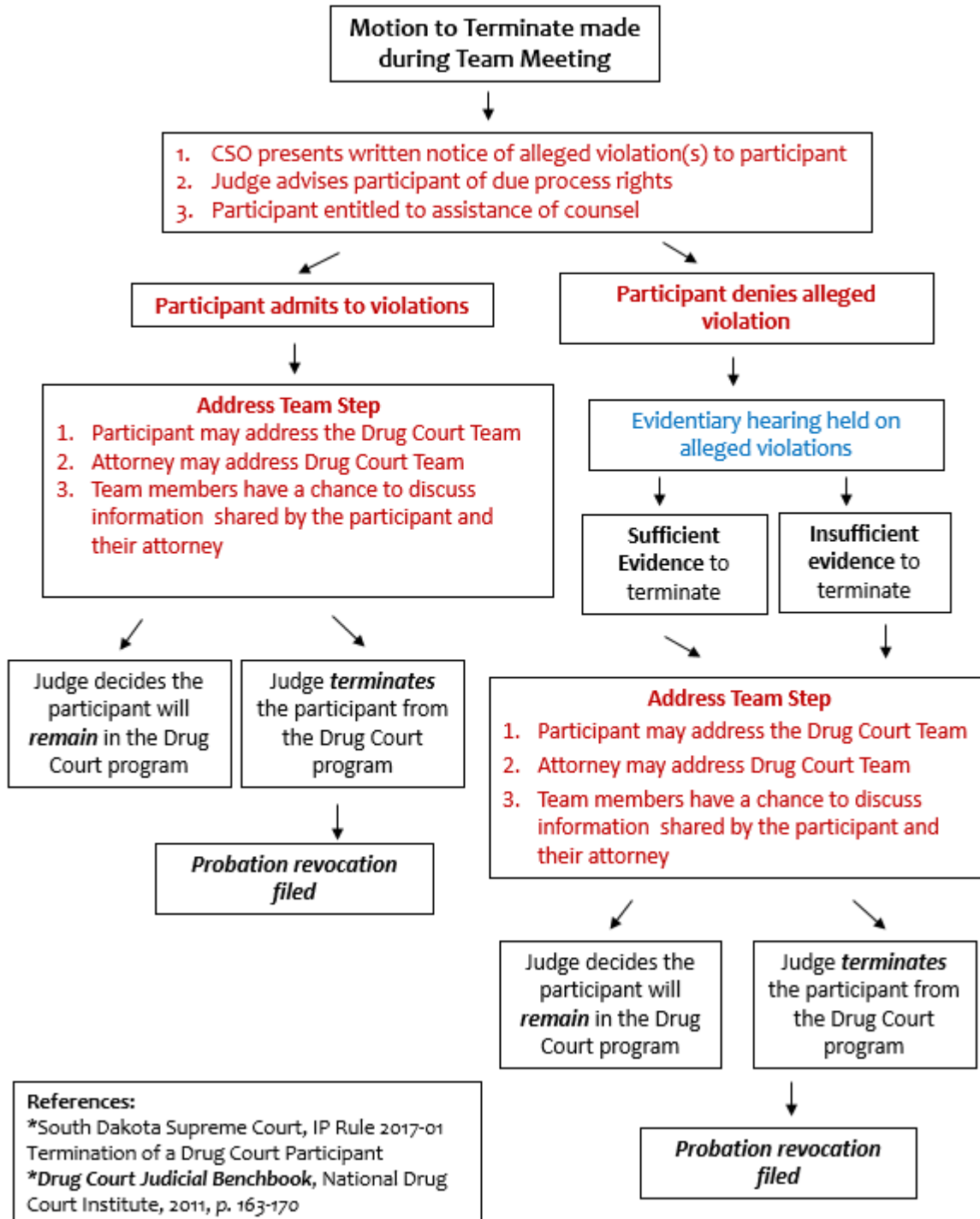
Process for Termination

1. A member of the Drug Court Team makes a motion for termination.
2. Your court service officer will give you a written copy of the possible violations.
3. The team attorney will be appointed to represent you unless you request a different attorney.

Voluntary Removal

You may request to be removed from the Drug Court Program. Before the team will consider your request, you must visit with your defense attorney.

Drug and Other Problem Solving Courts Termination Process





310 S. 1st Ave.
Sioux Falls, SD 57104
(605) 336-2556

Outpatient Services:

- Assessments: Can be scheduled, or walk-in assessments on Friday's
-Also offer assessments at the Minnehaha County jail
- Level 2.1 (Intensive Outpatient/IOP): 9 hours/week
-Morning and evening options available
- Level 1.0 (Outpatient/Aftercare/MOP): 1-8 hours/week
-Morning and evening options available
- DBT: 2 hours/week
-Only morning availability
- MRT: 1-2 hours/week
-Only morning availability
- CBISA: 3-6 hours/week
-Morning and evening options available
- CBISA Aftercare: 1 hour/week
-Morning and evening options available
- Matrix: starts at 7-8 hours/week, then hours decrease based on progress
-Only morning availability
- Individual mental health support: as needed

Residential Services (Arch):

- IMT (Intensive Meth Treatment): hours/week vary
- Level 2.1/3.1 (Slip Slot): 9 hours/week
-Morning and evening options available
- Level 3.1: 6 hours/week
-Morning and evening options available
- CBISA/3.1: 9 hours/week (CBISA and supplemental curriculum)
-Morning/afternoon options available, no evening groups
- Case Management: as needed
- Individual mental health support: as needed

Please contact the agency for more information.

Southeastern Behavioral Health



Southeastern Behavioral HealthCare is a private, non-profit agency that has emphasized the importance of emotional wellness – not only for individuals but also for entire communities. Since 1952, Southeastern has been serving the four-county area of Lincoln, McCook, Minnehaha and Turner counties. Southeastern is one of 11 Community Mental Health Centers in South Dakota dedicated to providing quality services to keep our individuals, families, and communities emotionally strong and healthy. Today, Southeastern serves more than 5,000 children, adults, and families each year.

Services provided to individuals in drug court may include:

- Individual mental health therapy
- Psychiatry services
- Medication management services
- Case management services
- Moral Reconciliation Therapy (MRT)
- Dialectical Behavioral Therapy (DBT)
- Seeking Safety
- Wellness Recovery Action Plan (WRAP)
- Charting a New Course

» www.southeasternbh.org »

Community Support Services
100 West 5th Street
Sioux Falls, SD 57104
Phone (605) 336-0503
Fax (605) 336-0873

Counseling and Children's Services
2000 South Summit Avenue
Sioux Falls, SD 57105
Phone (605) 336-0510
1-866-258-6954 ~ Fax (605) 336-3779

Education and Integration Services
500 East 54th Street North
Sioux Falls, SD 57104
Phone (605) 336-8956
Fax (605) 338-9385

Complaint Policy

You have the right to file a complaint if you feel you have been treated unfairly by a team member. Please contact the Drug Court Coordinator, Dez Murray. If the coordinator is the source of the complaint, then please contact the Problem-Solving Court Director, Noreen Plumage.

Dez Murray: 605-215-2648

Noreen Plumage: 605-773-4161

Emergency Procedures

Situations may arise that require us to adjust the actions in this handbook. Such situations may include a natural disaster, a pandemic, or other public health emergency.

The team may need to adjust the following:

- drug-testing procedures
- the way you attend treatment
- communicate with your counselors
- report to court and/or probation.

These adjustments will be limited to the time of the emergency.

Infection Control Policy

The Drug Court team cares about your health.

Drug Court will take steps to minimize exposure to diseases at the courthouse.

If you are exposed to a transferable disease stay home and seek medical attention. You are expected to notify your court service officer as soon as possible.

Remote access to court will be utilized where appropriate.

FAQ

How long does it take to complete Drug court?

Drug court has five phases. The first two phases have the most requirements for probation, treatment and court reporting. As the participant moves through the program, requirements decrease. A participant must meet all the goals before graduating. The minimum is 14 months.

What treatment options are available?

Treatment is required in Drug Court. A participant can go to detox, inpatient, outpatient or residential treatment. The level of treatment is based on the participants clinical needs for recovery.

What other services are provided?

The Drug Court team will work with each participant to get employment, education, housing, health care and any other needs you may have.

What happens if a drug test comes back positive?

Addiction is hard to beat. The Drug Court team understands this and respond to positive drug tests with varying degrees of sanctions depending on phase and progress in program.

IMPORTANT PHONE NUMBERS

Probation office: 605-307-3636

- Jason Lillestol – 605-201-4312
- Kelsey Bertram – 605-261-8772
- Jess Nieman – 605-215-4354

Clerk of Courts: 605-367-5900

Coordinator: 605-215-2648

Carroll Institute: 605-336-2556

Southeastern Behavioral Health: 605-336-0503

Emergency: 911

Helpline: 211



Participant Handbook Receipt and Acknowledgement 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:	



—PROBLEM SOLVING—
COURTS
WORK
MAKING A DIFFERENCE

CONSENT FOR DISCLOSURE OF CONFIDENTIAL

SUBSTANCE ABUSE TREATMENT INFORMATION

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

I further understand that as an essential component of the Problem-Solving 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 Problem-Solving 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 Problem-Solving Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Problem-Solving Court requirements, or upon sentencing for violating the terms of my Problem-Solving Court involvement.**

_____ Date _____
Problem-Solving Court Participant

_____ Date _____
Witness

Publicity Consent /Release Form

I accept and approve the use, print, and copy of all media by the Problem-Solving 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 Problem-Solving Court.

I release the Problem-Solving 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 Problem-Solving Court
- Discharge from court-ordered supervision or probation
- Termination of my involvement with the Problem-Solving Court
- Sentencing for violating the terms of my Problem-Solving Court involvement

Signature:	
Date:	

PROBLEM-SOLVING COURT
TREATMENT 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 Problem-Solving Court Treatment 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 Problem-Solving Court Treatment Program enumerated below:

1. **LEGAL WAIVER:** I do hereby release and forever discharge the complaining witnesses, victim(s), the Problem-Solving Court Judge, the State's Attorney's Office, the Defense Attorney on the Problem-Solving Court Team, the Court Service Officer(s), the Problem-Solving 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 Problem-Solving 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 Problem-Solving 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 Problem-Solving Court Team. The Team and Court may consider any such information in deciding whether I remain in the Problem-Solving Court Treatment Program. (____)
3. **STATUS OF PROGRAM:** I have no legal right to participate in the Problem-Solving 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:** The length of the Program varies, with the minimum time to complete all levels of programming being one (1) year. Average program length is 12 to 24 months, depending on my needs, abilities, and motivation to meet Program objectives. Upon successful completion of Problem-Solving Court, I may be ordered to complete the remainder of my probation period on standard probation. (____)
5. **GENERAL REQUIREMENTS:** I must attend all Problem-Solving 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 Problem-Solving 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 Problem-Solving 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 Problem-Solving Court Team and your treatment provider. If you decide to change groups, your treatment provider and the Problem-Solving 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 Problem-Solving 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. Treatment/Counseling;
 - D. 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 Problem-Solving 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 Problem-Solving 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:** Problem-Solving 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 Problem-Solving Court, and the defense attorney who participates in the Problem-Solving Court is not acting as my attorney (even if the same attorney who represented me is also the defense attorney who participates in Problem-Solving Court). If the attorney who represents me in the criminal case is the same attorney who participates in the Problem-Solving 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 Problem-Solving Court Program). (____)
15. **DISCUSSIONS IN MY ABSENCE.** I understand and acknowledge that the members of the Problem-Solving Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Problem-Solving 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 Problem-Solving 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 Problem-Solving 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 Problem-Solving 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 Problem-Solving 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 Problem-Solving 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 Problem-Solving Court Program. (____)
21. DRUG TESTING: I understand that results of my tests shall be admissible as evidence in the Problem-Solving Court. (____)
22. MEDICAL NEEDS: I, unless authorized by the Problem-Solving 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 Problem-Solving Court Team or my CSO, including emergent needs. (____)
23. ALCOHOL/DRUG TREATMENT AND COUNSELING: I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling. (____)
24. HOUSING: I understand that stable housing is necessary for my recovery and must be approved by the Problem-Solving Court Team. I agree to comply with their recommendations and restrictions. (____)
25. EMPLOYMENT/EDUCATION/JOB TRAINING: I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. (____)

26. 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. (____)

27. CURFEW: I agree to abide by a curfew as determined by the Problem-Solving 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. (____)

28. 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 Problem-Solving 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 Problem-Solving Court Treatment Program as established by the Court and the Treatment Provider. (____)

29. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Problem-Solving Court Judge for all purposes, including sanctions. (____)

30. I hereby consent 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. (____)

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 Problem-Solving Court such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Problem-Solving Court requirements, or upon sentencing for violating the terms of my Problem-Solving 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 _____