



## Drug Court Application Process

1. Fill out and submit the following 1) application and 2) Consent for Disclosure of Confidential Substance Abuse Treatment Information and return it to the Coordinator by fax at 605-688-6737 or email at [joan.nettinga@uj.s.state.sd.us](mailto:joan.nettinga@uj.s.state.sd.us).
2. **Once application is received** by the Drug Court the Coordinator and Court Services Officer (CSO) will meet with the applicant. The CSO will be conducting a risk and needs assessment referred to as the LSI-R. Only applicants scoring a high overall risk score will be considered for the program.
3. The applicant will then meet with a chemical dependency counselor to determine if they have a drug dependency diagnosis. The applicant will also complete any mental health assessments as recommended by the treatment provider.
4. Lastly, the applicant will meet with Jared Gass, the Drug Court Team's defense attorney, to go over the Program Waivers and Participant Rights. Contact Jared at (605) 692-4277 to make an appointment.

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

5. If you are accepted into the program, you must complete the following forms, which are included in the Participant Handbook.
  - Drug Court Publicity Consent Form
  - Drug Court Participant Manual Receipt and Acknowledgement
  - Drug and Alcohol Testing Contract
  - South Dakota Prescription Drug Monitoring Program



Unified Judicial System

Application to Brookings County Drug Court Program

Third Judicial Circuit

Date of Application	Do you need disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:	Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language:
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Name	Alias
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Race	Sex	Date of Birth
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Current Address (Street)	Telephone Number	Cell Phone Number
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City	State	Zip	Other States Lived in:
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How Long at this Address?	Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number
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Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	State ID Number
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Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dependents
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<b>Significant Other</b>		
NAME- Last, First, Middle (include Aliases)	DOB	Criminal Court Involvement-If so what?

<b>Other Members of Household</b>		
NAME- Last, First, Middle (include Aliases)	DOB	Criminal Court Involvement-If so what?

Next of Kin	Relationship	Telephone Number
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Current Employer	Monthly Income	Receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are You an Addict? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Drug of Choice
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Primary Care Provider/Physician
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Mental Health Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Take Psychotropic Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
List all Mental Health Diagnoses	List Medications

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Drug & Alcohol Evaluation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	LSI-R Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Agency Completing	Date	Score	Date
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Highest Grade Completed	GED <input type="checkbox"/> Graduation <input type="checkbox"/>
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Skill or Trade	Certification or Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
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On Probation Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No	Probation Officer
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Current Charges	Offense Date:
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Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court	Charges
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Have you ever been sentenced to Drug Court before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court	Date:
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Have you ever been sentenced to the Penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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Defense Attorney Name	Telephone Number
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**"The defendant consents to the disclosure of Drug/DUI 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 Drug/DUI Court Program."**

_____ Defense Attorney Signature	_____ Date	_____ Applicant Signature	_____ Date
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## **CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION**

I, \_\_\_\_\_, having agreed to enroll and participate in the Adult Drug Court Program, hereby acknowledge that treatment information normally is confidential under federal law. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient (or client) records, and Part 164 of Title 45 of the CFR, which governs the confidentiality of mental and physical health records generally. I also understand that it is unlawful to violate these confidentiality requirements, but that both requirements permit me to voluntarily consent to permit disclosure of my health and substance abuse treatment information.

Therefore, I, \_\_\_\_\_, consent to allow the release of employment, medical, psychiatric, treatment, educational, mental health, or other documents and records that are deemed necessary for Drug Court purposes concerning Case No(s). \_\_\_\_\_. I also consent to the disclosure of on-going communications about my diagnosis, prognosis, and compliance status, which includes, but is not limited to, the following:

- Assessment results pertaining to Drug Court eligibility, treatment needs, and supervision needs;
- Attendance at scheduled appointments;
- Attendance at support group meetings;
- Drug and alcohol test results, including efforts to defraud or invalidate drug or alcohol tests;
- Attainment of treatment plan goals, such as completion of a required counseling regimen;
- Evidence of symptom resolution, such as reductions in drug cravings or withdrawal symptoms;
- Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change;
- Attainment of Drug Court phase requirements, such as obtaining and maintaining employment or enrolling in an educational program;
- Compliance with electronic monitoring, home curfews, travel limitations, and geographic or association restrictions;
- Adherence to legally prescribed and authorized medically assisted treatments;
- Procurement of unauthorized prescriptions for addictive or intoxicating medications;
- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior with staff members, fellow Participants or other persons.

These communications may be disclosed among the following parties or agencies involved in the Drug Court Program: the Drug Court judge, the Drug Court team members, the employees engaged in the Drug Court operations and administration, court services officers in the Drug Court Program, treatment providers utilized by me during the Drug Court Program, the Drug Court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Adult Drug Court Program.

I understand that the purpose of and the need for this disclosure is to: inform the court and the other above-specified agencies of my eligibility and/or acceptability for substance abuse treatment services; to report on and adequately monitor my treatment, attendance, prognosis, and compliance with the terms and conditions of the program; to discuss and assess my status as a Participant in the Drug Court Program; and, to assess and comment on my progress in accordance with the Drug Court's reporting and monitoring criteria.

I agree to permit the disclosure of this confidential information only as necessary for, and pertinent to, hearings, and/or reports concerning the status of my participation and compliance with the conditions of my probation as defined by the Drug Court. I understand that information about my medical status, mental health and/or drug treatment status, my arrest history, my levels of compliance or non-compliance with the conditions of my Drug

Court participation (including the results of urinalysis or other drug screening tools,) and other material information will be discussed and shared among members of the Drug Court team.

I further understand that as an essential component of the Drug Court Program summary information about my compliance or non-compliance will be discussed in an **open and public courtroom**, including but not limited to, whether I have attended all meetings, treatment sessions, the results of urinalysis or other drug testing as required, and the disclosure of my compliance or noncompliance with the terms and conditions of the Program as defined by the Court. It is entirely possible that third parties will attend these court sessions and will hear these discussions. This process will require the disclosure of confidential treatment information to individuals who have not been individually and specifically authorized to receive such information. Therefore, **I hereby specifically consent to any potential disclosure to third persons who may attend any of my Drug Court sessions.**

I further understand that if I re-disclose confidential information of any other Participant to another party, I expose myself to legal liability for unauthorized disclosure of confidential information.

Recipients of this confidential information may re-disclose it only in connection with their official duties. **I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.**

\_\_\_\_\_ Date \_\_\_\_\_  
Drug Court Participant

\_\_\_\_\_ Date \_\_\_\_\_  
Witness