

# Brookings County Drug Court Participant Manual



Brookings County Drug Court  
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*updated 3/19*

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## Why Drug Court?

In Drug Court, I have a chance to stay in the community and get treatment, instead of going to prison. By being in Drug Court, I can change my life and make it better.

## What is Drug Court?

Drug Court participants go to treatment and to counseling as ordered by the court. If I agree to Drug Court, I will be sentenced to the program.

While in Drug Court, I will go to court frequently. I will go to treatment, support group meetings, and do random drug testing. Drug Court lasts at least 420 days.

## I am eligible for Drug Court if:

1. I am at least 18 years old
2. I am facing felony charges
3. I don't have convictions for dealing drugs, or violent or sexual offenses
4. I am not on parole
5. I agree to be in Drug Court
6. I am willing to live in the Drug Court service area
7. My drug use is disrupting my life

## How do I get into Drug Court?

If I am interested in Drug Court, I need to ask my Court Services Officer or attorney to help me decide if I should apply. My attorney 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, a probation officer, a program coordinator, law enforcement and treatment providers. The Team meets each week and reviews my progress. When I get to court, the judge will ask me about my week and I will tell the judge what has been happening in my life. When I do well, the judge may reward me. When I don't do well, the judge may penalize me. Sometimes the judge may instruct me about my program.

## Confidentiality

To participate in Drug Court, I must sign a release that the Drug Court team may share information about my progress during the team meetings. The court hearings are open to the public.

## What are my rights in Drug Court?

If I agree to participate in Drug Court, I will first need to plead guilty, which means I will waive my right to usual court proceedings, such as a jury trial. My attorney can explain this to me in detail. Once I am sentenced to Drug Court, I understand that I will not have an attorney with me at each Drug Court appearance, but will have the right to an attorney if I am facing termination.

## What is random alcohol and drug testing?

To help me stay sober, I will take random drug tests. All tests are observed and any level of alcohol or controlled substance detected will be considered as a positive test. If I miss a test, it will be treated as a failed test. I will also agree to have my name checked to make sure I am not abusing prescription medications.

## Are there any fees in Drug Court?

### Court Related Fees

While in Drug Court, I must make payments for court fees. I will set up a payment plan with my Court Services Officer. Court fees can include the following:

- Child support
- Restitution
- Court-Appointed Attorney fees
- Other court costs

### Program Related Fees

I may be required to pay for some costs in the program, which may include:

- UA's
- 24/7 Program
- SCRAM or GPS
- Treatment materials



— PROBLEM SOLVING —  
**C O U R T S**  
**WORK**  
MAKING A DIFFERENCE

## Phases of Drug Court

Brookings County Drug Court consists of five (5) phases and is a minimum of 420 days in length. My time in the program can vary, based on my progress.

Each phase is explained below. I must submit a written request to the Drug Court Team to advance to the next phase or graduate. When I am eligible, I will bring a Phase Checklist to my regular court date and review it with the Judge. If complete, I will be given an application to advance to the next phase. The Drug Court Judge will decide when to promote me based on my progress, with recommendations from the entire Drug Court Team.

I will be assessed when I start and complete the program. I will give an Exit Interview when I leave the program.

### Phase 1 – Acute Stabilization (minimum of 60 days), I will:

- Attend court weekly
- Use my planner
- Comply with treatment and probation supervision
- Meet with my Court Services Officer (CSO) as directed
- Comply with unannounced home visits
- Comply with random drug testing (at least 2 a week, or a 28% chance every day)
- Report any contact with law enforcement to my CSO
- Address court-approved housing
- Attend support meetings as directed
- Start changing my people, places and things
- Get medical treatment for life threatening conditions as needed
- Comply with a 9 pm curfew

### **To advance, I must:**

- Regularly attend treatment and office visits with no unexcused absences
- Have at least **14 consecutive** days of sobriety
- Review the Phase 1 Checklist with the Judge in court
- Complete the application for Phase 2 for the Judge and Team
- Present letter to the Court on my “History of Drug Use”

### Phase 2 – Clinical Stabilization (minimum of 90 days), I will:

- Attend court weekly
- Use my planner
- Comply with treatment and probation supervision
- Meet with my Court Services Officer (CSO) as directed
- Comply with unannounced home visits
- Comply with random drug testing (at least 2 a week, or a 28% chance every day)

- Report any contact with law enforcement to my CSO
- Maintain court-approved housing
- Attend support meetings as directed
- Show a change in my people, places and things
- Review my finances and do a budget assessment with my CSO
- Comply with a 10 pm curfew

**To advance, I must:**

- Comply with treatment and supervision
- Have at least **30 consecutive** days of sobriety
- Have a mentor or sponsor
- Review the Phase 2 Checklist with the Judge
- Complete the application for Phase 3 for the Judge and Team
- Present letter to the Court on “How Drugs Have Affected My Life”

**Phase 3 – Pro-Social Habilitation (minimum of 90 days), I will:**

- Attend court every other week (bi-weekly)
- Use my planner
- Comply with treatment and supervision
- Meet with my CSO bi-weekly
- Comply with unannounced home visits
- Comply with random drug testing (at least 2 a week, or a 28% chance every day)
- Report any contact with law enforcement to my CSO
- Maintain court-approved housing
- Attend support meetings as directed
- Show a continued change in my people, places and things
- Start building a sober support network
- Participate in fulltime work or the equivalent
- Start a pro-social activity
- Show progress on my court fines and/or jail fees
- Work with Treatment on a relapse prevention plan
- Comply with an 11 pm curfew

**To advance, I must:**

- Comply with treatment and supervision
- Have at least **45 consecutive** days of sobriety
- Start a pro-social activity
- Have a start on my sober support network
- Review the Phase 3 Checklist with the Judge
- Complete the application for Phase 4 for the Judge and Team
- Present letter to the Court on “What I Want to Get out of Drug Court”

#### Phase 4 – Adaptive Habilitation (minimum of 90 days), I will:

- Attend court every other week
- Use my planner
- Comply with treatment and supervision
- Meet with my CSO bi-weekly
- Comply with unannounced home visits
- Comply with random drug testing (at least 2 a week, or a 28% chance every day)
- Report any contact with law enforcement to my CSO
- Maintain court-approved housing
- Attend support meetings as directed
- Show a continued change in my people, places and things
- Maintain a sober support network
- Continue pro-social activity
- Maintain fulltime work or education
- Review my case plan with Treatment
- Comply with a midnight curfew

#### **To advance, I must:**

- Comply with treatment
- Comply with supervision
- Have at least **60 consecutive** days of sobriety
- Maintain sober support network
- Continue pro-social activity
- Continue fulltime work or education
- Review the Phase 4 Checklist with the Judge
- Complete the application for Phase 5 for the Judge and Team
- Present letter to the Court on “Saying Goodbye to My Drug”

#### Phase 5 – Continuing Care (minimum of 90 days), I will:

- Attend court monthly
- Use my planner
- Comply with treatment and supervision
- Meet with my CSO monthly
- Comply with unannounced home visits
- Comply with random drug testing (at least 2 a week, or a 28% chance every day)
- Report any contact with law enforcement to my CSO
- Maintain court-approved housing
- Attend support meetings as directed
- Show a continued change in my people, places and things
- Maintain a sober support network



- Continue pro-social activity
- Maintain fulltime work or education
- Work with treatment on a plan for my continued sobriety

**To commence, I must:**

- Complete Phase 5
- Have made satisfactory progress paying on my Drug Court file
- Be compliant with treatment and supervision
- Have a sober support network
- Have a pro-social activity
- Maintain, based upon assessment and my continuing-care plan:
  - Employment
  - Education or Job Training
  - Parenting/family time
- Have at least **90 consecutive** days of sobriety
- Complete the graduation application for the Judge and Team
- Write a letter for the court on “How I have changed my life through Drug Court”, which I will present at graduation.

## Commencement

If I have successfully completed all five (5) phases, met the graduation requirements, and if the Drug Court Team approves, I will graduate from Drug Court. Graduation from Drug Court is a very important event and my loved ones and friends will be invited. At the ceremony, the Drug Court Team will congratulate me for successfully completing the Drug Court Program and achieving all the skills to live a sober life.

**SHOW UP.  
BE HONEST.  
TRY.**

## OTHER INFORMATION

### May I eat at restaurants that serve alcohol?

#### Phase 1 & 2

I may not eat at a restaurant that serves alcohol.

#### Phases 3, 4 and 5:

I must get permission before eating anywhere that serves alcohol.

\*If alcohol is served anywhere in the business, I must have permission to be in that restaurant.

### What is the employment requirement?

In Phase 3, I will have full-time employment as one of my goals. Full time work is considered employment where I complete between 30 to 40 or more hours per week. I may work two part-time jobs to satisfy this requirement.

I will provide the Coordinator with payroll stubs showing my employer's name, address, phone number, gross wages, withholdings, and/or W2 forms as verification of employment.

### Do I need to ask permission for some things and relationships?

I will need to submit a request to ask for any special privileges. I will make my request in writing, for review by the Team. Forms are available from the Court Services Officer or at the Drug Court Office.

I understand the Team must approve my relationships. I will inform them of anyone I want to see. This includes dating, sex, living together, or even a partner or spouse.

I will go through many changes in the program. Relationships can interfere with my recovery. My sobriety and stability will help me make better, and maybe different, relationship choices in my future.

If I am married or in a relationship when I enter Drug Court, the Team will evaluate whether that person will support my recovery. The Team may limit my contact with anyone they believe will be unhealthy for me and my recovery.

If I want to have a relationship with someone, I must provide my Court Services Officer with their information in advance. If I conceal any relationships, even healthy ones, I will be in violation of Drug Court rules.

## What are Incentives?

An incentive is a reward for positive behavior or reaching a milestone in my recovery. Incentives include, but are not limited to:

- Progression in the Program
- Choice of items for compliance
- Fishbowl drawing (gift cards to local businesses, etc.)
- Decrease in fines
- Items from the Incentive Store
- Praise from the Judge or Team
- Paid minutes for cell phone
- Applause
- Dental or medical help
- Decreased supervision
- Decreased court attendance
- Approval of special requests
- Certificates to mark milestones
- Commencement

## What are sanctions?

While participating in the Drug Court Program, I will be given sanctions for violations or not following the program rules. The Drug Court Judge and Team will decide sanctions. Sanctions include, but are not limited to:

- Additional drug testing
- Temporary incarceration
- Additional phase days
- Written assignments for court
- Verbal reprimand
- Community service hours
- Being early for appointments
- Re-starting sober days
- House arrest
- Electronic monitoring
- Daily written schedule
- Stricter curfew
- Honesty journal
- Revoked driving privileges
- Round Table with the Team
- Termination

## What are therapeutic adjustments?

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

- Increased self-help meetings
- Increased drug/alcohol testing
- Increased court appearances
- Increased reporting to Court Services
- Journaling
- Motivational interview exercises
- Evaluation of possible medication
- Increased court appearances
- Increased treatment intensity
- Additional assessments or evaluations
- Residential treatment
- Additional treatment appointments

## What is Termination?

When I don't follow the program rules, or fail to show up, try, and be honest, I can be terminated from Drug Court.

### Reasons I may be considered for termination:

- Concern for public safety
- Available treatment options have been exhausted and I am no longer working toward recovery
- Violating the Drug Court rules
- Committing a crime
- Not attending Drug Court hearings
- Not following my treatment program
- Absconding
- Evidence that I am dealing drugs or driving under the influence
- Evidence that I am verbally or physically threatening or abusing anyone
- Tampering with my drug or alcohol tests
- Inability to pass drug or alcohol tests
- Failing to make satisfactory progress
- Any other grounds the Team finds sufficient for termination

### Termination Process:

1. Any member of the Drug Court Team may make a motion for termination.
2. My Court Services Officer will give me written notification of the motion.
3. I may ask for an attorney to be appointed to represent me.
4. I will have the right to call and question any witnesses at the hearing.
5. I will be able to talk to the Judge and Team about the motion to terminate me from the program.
6. After the Court session, the Drug Court Team will discuss my termination.
7. The Judge makes the final decision if I will stay in Drug Court.
8. If I am terminated, the Court will advise me of my rights and appoint me an attorney for a probation revocation proceeding in front of the judge that sentenced me to Drug Court.
9. I will be required to participate in a termination interview.

### Voluntary Removal

I may ask to be removed from the Drug Court Program. Before I ask to be removed, I should talk with an attorney.



## 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@ujs.state.sd.us](mailto:joan.nettinga@ujs.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:
Name		Alias
Race	Sex	Date of Birth
Current Address (Street)		Telephone Number
		Cell Phone Number
City	State	Zip
Other States Lived in:		
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
Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		State ID Number
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
<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
Current Employer	Monthly Income	Receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are You an Addict? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Drug of Choice	

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

## **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 non-compliance 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

**BROOKINGS DRUG COURT  
TREATMENT PROGRAM BASIC UNDERSTANDING,  
WAIVERS AND AGREEMENTS**

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Defendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number(s): \_\_\_\_\_

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**I UNDERSTAND THAT:**

As a condition for participation in the Drug 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 Drug Court Treatment Program enumerated below:

1. LEGAL WAIVER: I do hereby release and forever discharge the complaining witnesses, victim(s), the Drug Court Judge, the State's Attorney's Office, the Defense Attorney on the Drug Court Team, the Court Service Officer(s), the Drug 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 Drug 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 Drug 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 Drug Court Team. The Team and Court may consider any such information in deciding whether I remain in the Drug Court Treatment Program. (\_\_\_\_)
  
3. STATUS OF PROGRAM: I have no legal right to participate in the Drug 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 Drug Court, I may be ordered to complete the remainder of my probation period on standard probation. (\_\_\_\_)
  
5. GENERAL REQUIREMENTS: I must attend all Drug 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 Drug 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 Drug 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 Drug Court Team and your treatment provider. If you decide to change groups, your treatment provider and the Drug 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 Drug 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 must 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 Drug 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 Drug 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: Drug 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 Drug Court, and the defense attorney who participates in the Drug Court is not acting as my attorney (even if the same attorney who represented me is also the defense attorney who participates in Drug Court). If the attorney who represents me in the criminal case is the same attorney who participates in the Drug 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 Drug Court Program). (\_\_\_\_)
15. DISCUSSIONS IN MY ABSENCE. I understand and acknowledge that the members of the Drug Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Drug 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 for me to receive the maximum benefit from the Program. I understand this and waive my presence at these meetings and discussions with the Drug 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 Drug 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 Drug 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 Drug 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 Drug 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 Drug Court Program. (\_\_\_\_)
21. DRUG TESTING: I understand that results of my tests shall be admissible as evidence in the Drug Court. (\_\_\_\_)
22. MEDICAL NEEDS: I, unless authorized by the Drug 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 Drug 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 Drug 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 Drug 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, if I can 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 Drug Court Team before agreeing to enter 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 Drug 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 Drug Court Judge for all purposes, including sanctions. (\_\_\_\_)
30. I hereby consent 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. (\_\_\_\_)

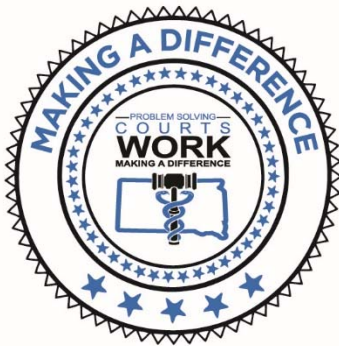
**I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.**

\_\_\_\_\_  
SIGNATURE OF DEFENDANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE



## Drug Court Publicity Consent Form

I hereby consent to and authorize the use, publication and reproduction of all media by the Drug Court or anyone it authorizes, for all photographs/video taken of me, with or without names, for any editorial, promotional, advertising, educational or other purpose.

I understand that any photographs or videos may be used in any publication for promotion of Drug Courts. I realize that this coverage may place my picture, with or without further explanation, alone or accompanied by other pictures, in a story, on a website, or on a cover of any or all publicity materials for Drug Courts. I hereby release the Drug Court, its staff, and employees, or anyone it authorizes, from all claims relating to or arising from the uses consented above.

I am over eighteen years of age, have read this consent and release, or have had it read and explained to me, fully understand its contents, and enter it voluntarily and without coercion.

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

***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 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 \_\_\_\_\_



# Brookings County Drug Court

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## DRUG/ALCOHOL TESTING CONTRACT

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\_\_\_\_\_ I understand I will be tested for the presence of alcohol and other drugs in my system on a frequent and random basis, including weekends and holidays, according to procedures established by the Drug Court team and/or my treatment provider.

\_\_\_\_\_ I understand that if I deny use of substance but test positive, I have the right to challenge the results and have the sample tested at the State Health Lab at my own expense.

\_\_\_\_\_ I understand that I will be given a location and time to report for my test and that I must have a working phone on which I can be contacted at any time.

\_\_\_\_\_ I understand that it is my responsibility to report to the assigned location at the time given for the test after being notified of the scheduled test.

\_\_\_\_\_ I understand that if I am late or miss a test, it may be considered a positive test for alcohol or other drugs and I may be sanctioned.

\_\_\_\_\_ I understand that if I fail to produce a urine specimen or if the sample provided is not of sufficient quality, it may be considered as a positive test and that I may be sanctioned.

\_\_\_\_\_ I understand that I may be sanctioned for associating with other people who are engaged in substance use or for exposing myself to passive inhalation or secondhand smoke.

\_\_\_\_\_ I have been informed that the ingestion of excessive amounts of fluids can result in a diluted urine sample, and I understand that my urine sample will be tested to ensure the sample is not diluted.

\_\_\_\_\_ I understand that if I produce a diluted urine sample it may be considered as a positive test for alcohol or other drugs and that I may be sanctioned.

\_\_\_\_\_ I have been informed that use of poppy seeds, herbal supplements, and cleansing/masking products can interfere with/mask urine testing.

\_\_\_\_\_ I understand that if I produce a masked specimen it may be considered as a positive test for alcohol or other drugs and that I may be sanctioned.



\_\_\_\_\_ I understand that I may be sanctioned for using synthetic substances such as K2 or Spice that are designed to avoid detection by standard drug tests.

\_\_\_\_\_ I understand that I may be subjected to immediate spot testing if the Drug Court has reason to suspect recent use or during high-risk times such as weekends or holidays.

\_\_\_\_\_ I understand that I cannot use any over the counter medication without the prior approval of my Court Services Officer.

\_\_\_\_\_ I understand that the use of any over the counter medication, without approval of the Court Services Officer, may be considered as a positive test for alcohol or other drugs and that I may be sanctioned.

\_\_\_\_\_ I understand that if I go to a physician it is my responsibility to inform them that I am in Drug Court, and I need to provide my Court Services Officer with a note from my physician indicating that they are aware of my participation in Drug Court.

\_\_\_\_\_ I understand that failure to inform physician of my Drug Court status and failing to provide my Court Services Officer with the physician's note acknowledging m status may result in a sanction.

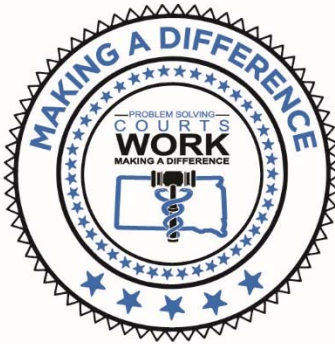
\_\_\_\_\_ I understand that substitution or altering my specimen, or trying to in any way modify my body fluids or other specimens for the purposes of changing the drug-testing results, will be considered as a positive test for drugs or alcohol. Any modification, dilution, or substitution will result in sanctioning and may be grounds for immediate termination from Drug Court.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date



## **Drug Court Participant Manual Receipt and Acknowledgement**

I, \_\_\_\_\_, acknowledge receipt of the Drug Court Participant Manual. I understand that it is my responsibility to read and comply with the policies contained in the handbook and any revisions made to it.

Participant's Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Court Services Officer Signature: \_\_\_\_\_

# 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 154 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 the Brookings County Drug Court to obtain my Prescription Drug Monitoring Program data from the South Dakota Pharmacy Board for 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 \_\_\_\_\_

## Phase 1 Checklist

### Acute Stabilization

(Induction into treatment; participant must regularly attend and engage in treatment sessions)

- Minimum of sixty (60) program days
- Attend Drug Court weekly
- Use planner for all appointments, meetings and activity
- Comply with recommended treatment and assessments and have no unexcused absences
- Complete weekly office visits with CSO and have no unexcused absences
- Report for and comply with drug testing as requested
- Compliant with unannounced, random home visits by CSO or LE
- Establish stable, court approved housing
- Attend support groups as directed
- Complete physical health assessment
- Identify negative people, places and things
- Comply with 9:00 pm curfew unless otherwise specified by the court
- Report any contact with law enforcement to your CSO immediately
- Complete 14 continuous days of sobriety
- After a minimum of 60 program days, complete checklist for phase advancement and present to the Court

**SHOW UP. BE HONEST. TRY.**

**Once you are given a phase advancement application:**

- Complete the application and turn into CSO by Tuesday at 5 pm
- Attach to your application a letter to the court titled "History of Drug Use"
- Attend court that week

## Phase 2 Checklist Clinical Stabilization

(Initiation of abstinence, obtain stable living arrangements, involved in community support groups)

- Minimum of ninety (90) program days
- Attend Drug Court weekly
- Use planner for all appointments, meetings and activity
- Comply with treatment plan and have no unexcused absences
- Complete weekly office visits with CSO and have no unexcused absences
- Report for and comply with drug testing as requested
- Compliant with unannounced, random home visits by CSO or LE
- Maintain stable, court approved housing
- Attend support groups as directed
- Change negative people, places and things
- Report any contact with law enforcement to your CSO immediately
- Complete a budget assessment and court payment plan
- Comply with a 10:00 pm curfew unless otherwise directed by CSO/Court
- Complete 30 continuous days of sobriety
- After a minimum of 90 program days in Phase 2, complete checklist for phase advancement and present to the Court

**SHOW UP. BE HONEST. TRY.**

**Once you are given a phase advancement application:**

- Complete the application and turn into CSO by Tuesday at 5pm
- Attach to your application a letter to the court titled "How Drugs have affected my life"
- Attend court that week

## **Phase 3 Checklist** **Pro-Social Habilitation**

**(Focus on consistent employment; start GED or vocational training, activities to "give back"; family therapy as assessed; trauma therapy as assessed; regular attendance at community support groups; initiate sponsor)**

- Minimum of ninety (90) program days
- Attend Drug Court bi-weekly
- Use planner for all appointments, meetings and activity
- Comply with treatment plan and have no unexcused absences
- Complete bi-weekly office visits with CSO and have no unexcused absences
- Report for and comply with drug testing as requested
- Compliant with unannounced, random home visits by CSO or LE
- Maintain approved housing
- Attend support groups as directed
- Show a change in negative people, places and things
- Report any contact with law enforcement to your CSO immediately
- Establish a sober network (sponsor & support friends)
- Establish a pro-social activity
- Obtain employment or further education
- Comply with an 11:00 pm curfew unless otherwise directed by CSO/Court
- Complete 45 continuous days of sobriety
- After a minimum of 90 program days in Phase 3, complete checklist for phase advancement and present to the Court at your next regular scheduled court date

**SHOW UP. BE HONEST. TRY.**

**Once you are given a phase advancement application:**

- Complete the application and turn into CSO by Tuesday at 5pm
- Attach to your application a letter to the court titled "What I want to get out of Drug Court"
- Attend court that week

## Phase 4 Checklist Adaptive Habilitation

(Continue with focus on Pro-social habilitation activities and treatment; increased community support groups)

- Minimum of ninety (90) days
- Attend Drug Court bi-weekly
- Use planner for all appointments, meetings and activity
- Comply with treatment plan and have no unexcused absences
- Bi-weekly office visits with CSO, unless otherwise directed, and have no unexcused absences
- Report for and comply with drug testing as requested
- Compliant with unannounced, random home visits by CSO or LE
- Maintain approved housing
- Attend support groups as directed
- Show a change in negative people, places and things
- Report any contact with law enforcement to your CSO immediately
- Maintain a sober network (sponsor & support friends)
- Maintain a pro-social activity
- Maintain full-time employment, training or education
- Comply with a Midnight curfew unless otherwise directed by CSO/Court
- 60 continuous days of sobriety
- After a minimum of 90 program days in Phase 4, complete checklist for phase advancement and present to the Court at your next regular scheduled court date

**SHOW UP. BE HONEST. TRY.**

**Once you are given a phase advancement application:**

- Complete the application and turn into CSO by Tuesday at 5pm
- Attach to your application a letter to the court titled "Saying Goodbye to My Drug"
- Attend court that week

## Phase 5 Checklist

### Adaptive Habilitation

**(Relapse prevention; substantial reduction in attendance at treatment, probation appointments, and court hearings; increased participation in community support groups)**

- Minimum of ninety (90) days
- Attend Drug Court monthly
- Use planner for all appointments, meetings and activity
- Comply with treatment plan and have no unexcused absences
- Monthly office visits with CSO, unless otherwise directed, and have no unexcused absences
- Report for and comply with drug testing as requested
- Compliant with unannounced, random home visits by CSO or LE
- Maintain approved housing
- Attend support groups as directed
- Show a change in negative people, places and things
- Report any contact with law enforcement to your CSO immediately
- Maintain a sober network (sponsor & support friends)
- Maintain a pro-social activity
- Maintain full-time employment, training or education
- Make satisfactory progress paying on my Drug Court file
- Complete a minimum of 420 days in the Brookings County Drug Court Program
- 90 continuous days of sobriety
- After a minimum of 90 days in Phase 5, the team will staff your eligibility to receive a graduation application. Once approved, you will be contacted as to when you can pick up your application.

## SHOW UP. BE HONEST. TRY.

### Once you are given a graduation application:

- Complete graduation application and return to your CSO by 5 pm on the Tuesday before your next regularly scheduled court date.
- Prepare and present to the court a letter: "How I have changed my life through Drug Court."
- Attend the next court date to review your application with the Judge. If approved to graduate, you will graduate on the following graduation date set by the court.