



—PROBLEM SOLVING—
COURTS
WORK
MAKING A DIFFERENCE

Application

Application Process

1. Read through the Participant Manual with defense attorney.
2. Fill out and submit the following application and Consent for Disclosure of Confidential Substance Abuse Treatment Information to the Problem-Solving Court Office in the _____ Court House.
3. **Once application is received** by the Problem-Solving Court, you will be required to keep two scheduled appointments. These appointments must be completed before the Team will further consider your application.

The Court Services Office will call you to schedule a LSI-R (Risk/Needs Assessment)

_____ will call you to schedule a Treatment Needs Assessment

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

4. If you are accepted into the program, you must complete the following forms, which are included in the Participant Handbook.
 - Problem-Solving Court Publicity Consent Form
 - Problem-Solving Court Treatment Program Basic Understanding, Waivers and Agreements
 - Problem-Solving Court Participant Manual Receipt and Acknowledgement
 - South Dakota Prescription Drug Monitoring Program



Unified Judicial System

Application to The Codrington County Problem-Solving Court Program.

Date of Application: _____

Do you need disability accommodations? Yes No

If yes; please state request: _____

Will an interpreter be needed? Yes No If Yes; what language? _____

Name:	
Alias:	
Race:	
Sex:	
Date of Birth:	
Current Address:	
City:	
State:	
Zip Code:	
Other States you have lived in:	
How long at current address?	
Current Phone Number:	

Are you an Armed Forces Veteran? Yes No

State ID #: _____

Valid Driver's License? Yes No # _____

Reliable Transportation? Yes No

Do you have children? Yes No If so how many? _____

Do you pay child support? Yes No How Much? \$ _____

Significant Other Full Name:	
Date of Birth:	
Do they have criminal court involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes – What? _____	

Other Members in your home:

Name (First, Middle, Last):	DOB:	Criminal Involvement	What?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Next of Kin Name:			
Relationship:			
Current Telephone:			

Do you receive disability? Yes No How Much? _____

Are you working? Yes No

Employers Name:	
Employers Phone Number:	
Hourly Wage:	
Monthly Income:	

Are you an Addict? Yes No

What is your Primary Drug of Choice? _____

Primary Physician:		
Clinic Address:		
Clinic Phone:		
Do you have a Mental Health Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List All Mental Health Diagnosis:		
Do you take Psychotropic Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List all Psychotropic Medications:		
Have you completed a Drug and Alcohol Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When:	Where:	
LSI-R Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	When:	
LSI-R Score:		
Highest Grade Completed:	<input type="checkbox"/> GED <input type="checkbox"/> High School Graduation	
Skill or Trade:		
Certification or Degree:		
Currently on Probation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Probation Officer Name:		

Do you currently have any matters pending through another court? Yes No

If Yes; what are the charges? _____

Have you been sentenced to a Problem-Solving Court Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When:	
Where:	
Have you been sentenced to the Penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	

The defendant consents to the disclosure of Problem-Solving Court Application Information including a Risk/Needs Assessment, prior to entry of a plea, purposes of obtaining information useful for acceptance into the Problem-Solving Court Program.

Defense Attorney Name:	
Defense Attorney Signature:	
Defense Attorney Address:	
Defense Attorney Telephone:	
Date:	
Applicant Signature:	
Date:	