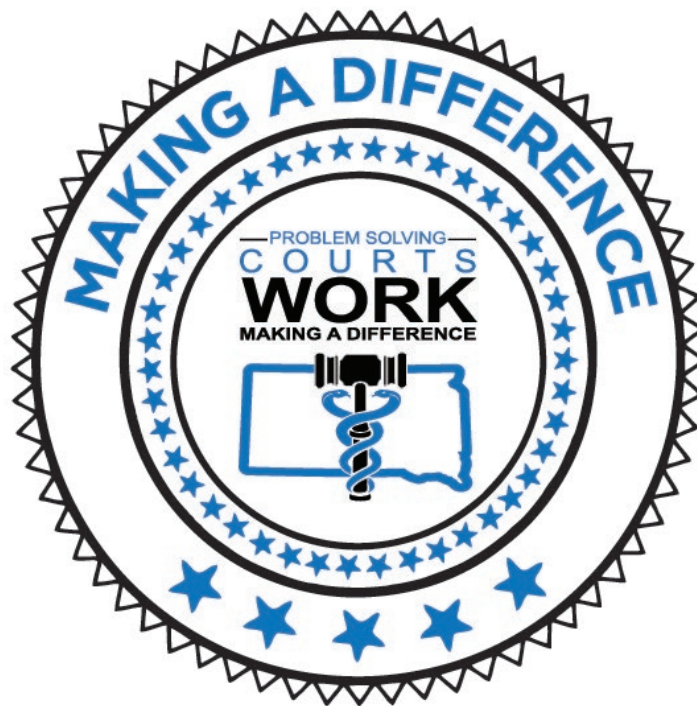


Codington County Drug Court Participant Manual



Codington County Drug Court
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updated 2/2019

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What is Drug Court?

Drug court participants are court ordered to go to treatment and to counseling. By being in drug court, I have the opportunity to change my life and make it better.

If I agree to drug court, I would be sentenced to the program. During the time I was in drug court, I would have to come to court each week, go to treatment, and do random drug testing. I would also go to support group meetings. Drug Court lasts at least 14 months.

Why Drug Court?

In drug court, I would have a chance to stay in the community and receive long-term treatment instead of going to prison.

ELIGIBILITY - I could be offered drug court if:

1. I am at least 18 years old
2. I am facing felony charges
3. I agree to be in the program
4. I am willing to live within the drug court service area
5. Drugs or alcohol use has made my life unmanageable
6. I am Not on parole
7. I am Not a drug dealer, sex offender or violent offender

REFERRAL PROCESS - How can I get into drug court?

If I am interested in applying to drug court, I need to ask my Court Services Officer or attorney to help me decide if I should do drug court. My attorney can help me fill out an application.

I HAVE APPLIED AND WAS ACCEPTED INTO DRUG COURT. NOW WHAT??

Show Up,

Be Honest,

Try.

PROCEDURES - What is a drug court team and what happens at court?

The Drug Court Team includes a judge, lawyers, probation officers, treatment people, program coordinator, and law enforcement. The Team meets each week before court and talks about my case and how they can support me so I can succeed. The judge wants to know if I have been to all my treatment sessions, if I have had any positive drug tests, if I have been going to work, attending support group meetings, and what I am working on in treatment. When I get to court, the judge will ask me about my week and I will tell the judge what has been happening. If I do well, the judge will give you an incentive. For the things I have not done well, the judge will give me a sanction. Sometimes the judge will instruct me to attend more treatment. At first, I will attend court each week. While I am there, I will encourage my fellow participants by clapping at their progress.

CONFIDENTIALITY

To participate in drug court, I must sign a release that says the drug court team is able to share information about my progress during the team meetings. When I go to court, the hearings are open to the public.

PARTICIPANT RIGHTS - What are my rights in drug court?

If I agree to participate in drug court, I agree to waive my right to usual court proceedings, such as questioning or disputing the legality of a search, seizure, or traffic stop; a preliminary hearing; and a trial by jury or court. My attorney can explain this in detail to me, if I have any questions.

DRUG TESTING - What is random alcohol and drug testing?

To help me stay sober, I will have to do random drug and alcohol testing often; sometimes every day or maybe even twice in one day. My name will be checked with the South Dakota Prescription Drug Monitoring Program to make sure I am not abusing my prescription medications.

Do not consume any performance enhancing supplements, supplements containing creatine, diet powders, Monster drinks (energy drinks), Komuocha, sports enhancing materials and herbal/homeopathic preparations unless approved by CSO.

PHASES - of Drug Court

The Program consists of five (5) phases. Examples of each phase are explained in detail below. I am required to submit a written request to the Drug Court Team in order to advance to the next phase or graduate. Program length may vary, but is *no less* than fifteen months.

Phase 1 – Acute Stabilization

- **Minimum of 60 days**
- Attend Court weekly
- Comply with treatment and probation supervision

- Weekly office visits
- Unannounced home visits
- Random and frequent drug testing (at least 2 per week or 28% chance every day)
- Curfew of 9:00 pm
- Address housing needs (need court approval)
- Introduction to peer support groups (as directed)
- Start Changing people, places, and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to advance to Phase 2, I must:

- A **minimum** of **60** days since starting drug court
- Show regular attendance at treatment and office visits
- Show honesty
- **14** days of continuous sobriety
- Tell my CSO I am ready to advance
- Read the Phase 1 checklist to Court
- Complete application and present to the Court to move to Phase 2
- Present letter to the CSO/Court – “History of Drug Use”

Phase 2- Clinical Stabilization

- **Minimum of 90 days**
- Attend Court weekly
- Comply with treatment and supervision
- Weekly office visits
- Unannounced home visits
- Random and frequent drug testing (at least 2 per week or 28% chance every day)
- Curfew of 10:00 pm
- Attend weekly support group meetings as directed
- Maintain team approved housing
- Address finances, completion of Financial Literacy Class (budget assessment)
- Show a change in people, places, and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to advance to Phase 3, I must:

- A **minimum** of **90** days since starting Phase 2
- **30** days of continuous sobriety
- Comply with treatment and supervision
- Tell my CSO I am ready to advance
- Read the Phase 2 checklist to Court
- Complete application and present to the Court to move to Phase 3

- Present letter to the Court – “What I Want to Get Out of Drug Court”

Phase 3 – Pro-Social Habilitation

- **Minimum of 90 days**
- Court bi-weekly (every-other week)
- Comply with treatment
- Review and comply with adult probation agreement
- Bi-weekly office visits
- Unannounced home visits
- Attend community support group meetings as directed
- Establish AA/NA sponsor
- Random and frequent drug testing (at least 2 per week or 28% chance every day)
- Curfew of 11:00 pm
- Must obtain fulltime employment, training or education if haven't already
- Demonstrate change in people, places and things
- Establish pro-social activity
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to advance to Phase 4, I must:

- A **minimum** of 90 days since starting Phase 3
- 45 days of continuous sobriety
- Comply with treatment and supervision
- Tell my CSO I am ready to advance
- Read the Phase 3 checklist to Court
- Complete application and present to the Court to move to Phase 4
- Present letter to the Court – “How Drugs Have Affected My Life”

Phase 4 – Adaptive Habilitation

- **Minimum of 90 days**
- Court monthly
- Comply with treatment and supervision
- Bi-weekly office visits (every-other week)
- Unannounced home visits
- Random and frequent drug testing (at least 2 per week or 28% chance every day)
- Attend community support group meetings as directed
- Maintain court-approved housing
- Maintain sober network (sponsor and working through 12 steps)
- Curfew of midnight (12:00 am)
- Maintain fulltime employment, training or education
- Demonstrate change in people, places and things

- Maintain pro-social activity
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to advance to Phase 5, I must:

- A **minimum** of **90 days** in Phase 4
- **60** days of continuous sobriety
- Comply with treatment and supervision
- Engaged in employment/fulltime education or job training
- Engaged in the recovery community
- Tell my CSO I am ready to advance
- Read the Phase 4 checklist to Court
- Complete application and present to the Court to move to Phase 5
- Present letter to the Court – “Saying Goodbye To My Drug”

Phase 5 – Continuing Care

- **Minimum of 90 days**
- Court monthly
- Comply with treatment and supervision
- Develop a continuing care plan
- Complete criminal thinking
- Monthly office visits
- Unannounced home visits
- Random drug testing
- No curfew unless otherwise directed
- Maintain fulltime employment, training or education
- Maintain court –approved housing
- Maintain Sober Network
- Maintain Pro-Social Activity
- Completion of Healthy Relationships course
- Maintain change in people, places and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal
- Pay all fees on current Court file
- Pay all treatment related fees
- **90** days of continuous sobriety
- Submit an application to graduate

What happens when I have finished all 5 phases?

I am required to submit a written request to the Drug Court Team asking to graduate and explaining all I have completed in the program. I will be in drug court for **least fourteen** (14) months and will have to do all of the following to graduate. Before graduating from the Program, I must complete a **Program Exit Survey**.

Commencement Requirements

- Complete Phase 5 (a **minimum** of 90 days)
- Maintain change in people, places and things
- Fully engaged in treatment and recovery community
- Pay all fees on current Court File
- Pay all treatment related fees
- **90** days continuous sobriety
- Full time employment or a combination of employment/education
- Program approved housing
- Participated in Program for at least fourteen (14) months
- Medical, dental & vision exams must be completed

Upon successfully completing all five (5) phases, upon meeting graduation requirements, and upon recommendation of the Drug Court Team, I will graduate from Drug Court. Graduation from Drug Court is a very important event. My loved ones and friends will be invited to join me at a special ceremony as the Drug Court Team congratulates me for successfully completing all phases of the Drug Court Program and achieving all the goals to establish a healthy lifestyle.

OTHER INFORMATION I NEED TO KNOW

What are Incentives?

An incentive is reward by the Drug Court Team that I have reached a milestone or have completed a goal towards your life in recovery.

Some examples of incentives:

Incentives can include but are not limited to the following.

- Advance phases
- Fishbowl drawing (gift cards to local businesses, etc.)
- Suspension of partial fines
- Applause
- Acknowledgement from the bench
- Paid minutes for cell phone
- Transportation passes
- Payment towards electronic monitoring
- Decreased supervision
- Out of town Day Trips
- Tickets to community events
- Graduation

What are sanctions?

I may receive a sanction if I do not follow the rules of the program. Not following the program rules is a violation. The Drug Court Judge and Team will decide sanctions based on any violations.

Some examples of Sanctions:

Sanctions can include but are not limited to the following:

- Increased court appearances
- Increased reporting to Court Services
- Additional drug testing
- Temporary incarceration
- Delay in phase promotion
- Temporary phase demotion
- Written assignments for court
- Verbal reprimand
- Volunteer service hours
- House arrest
- Imposition of electronic monitoring
- Residential placement
- Daily written schedule
- Stricter curfew
- In-court apology
- Honesty journal
- Loss of driving privileges
- Termination

What are therapeutic adjustments?

A therapeutic adjustment is a change in my treatment plan.

Some examples of Therapeutic Adjustments:

Therapeutic adjustments can include but are not limited to the following:

- Increased community support meetings
- Increased drug/alcohol testing
- Journaling
- Motivational interview exercises
- Evaluation of possible medication
- Increased court appearances
- Increased treatment intensity
- Additional assessments or evaluations
- Residential treatment

What happens if I fail to follow the rules of the program?

When I fail to show up, try, and be honest and not follow the rules of the program, I can be terminated or fail drug court.

Some examples of reasons to terminate are:

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

- Concern for public safety
- Threat to the integrity of the program
- Available treatment options have been exhausted, and the participant is no longer working towards recovery
- Violating rules of the Drug Court
- Commission of a crime
- Failure to attend Drug Court hearings
- Abandonment of treatment program
- Evidence that participant is involved with drug dealing or driving while under the influence
- Evidence that participant is involved in any threatening, abusive, or violent verbal or physical behavior towards anyone
- Tampering with drug/alcohol screening tests
- Inability to pass required drug/alcohol screening tests for any reason
- Failure to make satisfactory progress
- Any other grounds that the Drug Court Team finds sufficient for termination

Process for Termination

1. A member of the Drug Court Team makes a motion for termination.
2. My probation officer will give me a written copy of the possible violations
3. I can ask for an attorney to be appointed to represent me.
4. I will have a chance to talk to the Judge and the Team concerning the motion to terminate me from the program.
5. The Judge makes the final decision if I will stay in the program.
6. If I am terminated, the Court will advise me of my rights concerning potential probation revocation and appoint me an attorney.
7. I will be required to participate in a termination interview and may be subject to a probation revocation proceeding.

Voluntary Removal

I may request to be removed from the Drug Court Program. Before I make a request, I should visit with an attorney. If I have absconded or have run off from court services supervision while in the Drug Court Program, I may be considered to have voluntarily removed myself.

Fees

Court Related Fees

While I are in Drug Court, I must make payments for court fees. This can include the following:

- Child support
- Restitution
- Crime Victim Fund
- Public Defender fees
- Other

I will work with my probation officer to set up a payment plan.

Program Related Fees

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

- UA's
- 24/7 Program
- SCRAM
- Interlock
- Treatment
- Court fines

What places can I eat where alcohol is served?

Phase 1& 2

No eating establishments that serve alcohol

Phase 3, 4 & 5

I must get permission before eating anywhere that serves alcohol!
If I am not sure ~ Ask!

Phase 1 Checklist Acute Stabilization

(Induction into treatment; I must complete all assessments and regularly attend treatment sessions)

- Minimum** of sixty (60) program days
- Attend Drug Court weekly
- Attend community support groups as directed
- Comply with the terms and conditions of the adult probation agreement
- Comply with recommended treatment and assessments and have no unexcused absences
- Complete office visits as assigned with my CSO
- Report for and comply with drug testing as requested (TestNotice)
- Comply with unannounced, random home visits by CSO or LE
- Establish stable, court approved housing
- Identify negative people, places and things
- Abide by 9:00pm curfew unless otherwise specified by the court
- Report any contact with law enforcement to my CSO immediately
- Complete 14 continuous days of sobriety, remain drug and alcohol free with negative UA's
- Complete application and this checklist for phase advancement and present to CSO/court
- Prepare and present to the court a letter: "History of Drug Use." (attach to Phase Advancement Application)

SHOW UP. BE HONEST. TRY.

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
- Attend support group meetings directed
- Comply with the terms and conditions of the adult probation agreement
- Comply with recommended treatment and assessments and have no unexcused absences
- Complete office visits with my CSO as assigned
- Comply with unannounced, random home visits by CSO or LE
- Report for and complete drug testing as requested (TestNotice)
- Maintain stable, court approved housing
- Change negative people, places and things
- Report any contact with law enforcement to my CSO immediately
- Address financial issues, including completion of Financial Literacy Class (budget, rent, utilities, food, child support and court payment plan)
- Abide by 10:00 pm curfew unless otherwise directed by CSO/Court
- Complete 30 continuous days of sobriety, remain drug and alcohol free with negative UA's
- Complete application for phase advancement and present to CSO/court
- Prepare and present to the court a letter: "What I want to get out of Drug Court." (attach to Phase Advancement Application)

SHOW UP. BE HONEST. TRY.

Phase 3 Checklist

Pro-Social Habilitation

(Focus on consistent employment; start GED or vocational training; attend individual/family/trauma therapy as assessed; regular attendance at community support groups; initiate sponsor)

- Minimum** of ninety (90) days
- Attend Drug Court bi-weekly (every-other week)
- Comply with supervision, including the terms and conditions of probation agreement
- Comply with treatment plan, with no unexcused absences
- Attend weekly community support groups as directed
- Bi-weekly office visits (every-other week), unless otherwise directed
- Report for and complete drug testing as requested (TestNotice)
- Maintain team approved housing
- Report any contact with law enforcement to your CSO
- Establish a sober network (sponsor & support friends)
- Establish pro-social activity
- Obtain and secure employment
- Curfew of 11:00 pm unless otherwise directed by CSO/Court
- 45 continuous days of sobriety, remaining drug and alcohol free with negative UA's
- Complete application for phase advancement and present to CSO/court
- Prepare and present to the court a letter: "How Drugs Have Affected My Life." (attach to Phase Advancement Application)

SHOW UP. BE HONEST. TRY.

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 monthly
- Comply with supervision, including the terms and conditions of probation agreement
- Comply with treatment plan, includes no unexcused absences
- Attend weekly community support group meetings as directed
- Bi-weekly office visits (every-other week), unless otherwise directed
- Report for and complete drug testing as requested (TestNotice)
- Maintain team approved housing
- Maintain a sober network (sponsor & support friends)
- Maintain pro-social activity
- Report any contact with law enforcement to your CSO
- Curfew of 12:00 am unless otherwise directed by CSO/Court
- Maintain full time employment, training, or education
- 60 continuous days of sobriety, remaining drug and alcohol free with negative UA's
- Complete application for phase advancement and present to CSO/court
- Prepare and present to the court a letter: "Saying Goodbye to My Drug." (attach to Phase Advancement Application)

SHOW UP. BE HONEST. TRY.

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 one ninety (90) days
- Attend Drug Court monthly
- Comply with supervision, including the terms and conditions of probation agreement
- Comply with treatment plan, includes no unexcused absences
- Office visits as directed
- Attend community support groups as directed
- Report for and complete drug testing as requested (TestNotice)
- Maintain team approved housing
- Maintain a sober network (sponsor & support friends)
- Maintain pro-social activity
- Maintain full time employment, training, or education
- Report any contact with law enforcement to your CSO
- No curfew unless otherwise directed
- Completion of Healthy Relationships course
- Development of continuing care plan – present CBISA success plan to team
- Completed a **minimum** of 14 months in the Codington County Drug Court Program
- Paid all fines and costs on my Drug Court file
- Minimum of **90** continuous days of sobriety, remaining drug and alcohol free with negative UA's
- Complete application for phase advancement and present to CSO/court
- Prepare and present to the court a letter: "How I have changed my life through Drug Court."

SHOW UP. BE HONEST. TRY.



Drug Court Application Process

1. Read through the Participant Manual with Defense attorney.
 - Fill out and submit the following 1) Application and 2) Consent for Disclosure of Confidential Substance Abuse Treatment Information and submit to Codington County Drug Court Coordinator, [REDACTED] by fax at 605-882-5106 or email to [REDACTED] [@ujs.state.sd.us](mailto:[REDACTED]@ujs.state.sd.us)
2. **Once application is received** by the Drug Court, I will be required to keep three scheduled appointments. These appointments must be completed before the Team will further consider my application.
 - I must contact Terry Sutton, Drug Court Defense Attorney, to complete my Application, Treatment Program Basic Understanding, and Program Waivers and Agreements. Contact Terry at (605) 882-3220 to schedule a time to meet with him.
 - The Court Services Office will call me to schedule a LSI-R (Risk/Needs Assessment)
 - I must call** Human Service Agency at 605-886-0123 to schedule a Treatment Needs Assessment.

*My attorney will receive written notification of acceptance or denial into the program.
3. If I am accepted into the program, I must complete the following forms, which are included in the Participant Handbook.
 - Drug Court Publicity Consent Form
 - Drug Court Participant Manual Receipt and Acknowledgement
 - South Dakota Prescription Drug Monitoring Program
 - Drug Court Testing Sheet



Application to Codington County Drug Court Program

Unified Judicial System

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	Number of Dependents	
Do You Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Significant Other		
NAME- Last, First, Middle (include Aliases)	DOB	Criminal Court Involvement-If so what?
Other Members of Household		
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 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 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

**TREATMENT PROGRAM BASIC UNDERSTANDING,
WAIVERS AND AGREEMENTS
CODINGTON COUNTY DRUG COURT**

Defendant's Name: _____

Address: _____

Date of Birth: ____/____/____ Phone Number(s): _____

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 14 months. Average program length is 14 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 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 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 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 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, 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 Drug 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 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 as the case may be, for any editorial, promotional, advertising, educational or other purpose.

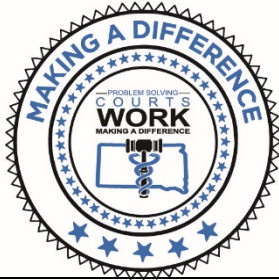
I understand that any photographs or videos may be used in any publication for promotion of Drug Courts. I realize that this coverage may place my picture, with or without further explanation, alone or accompanied by other pictures, in a story, on a website, or on a cover of any or all publicity materials 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 into 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 _____



Codington County Drug Court

Drug/Alcohol Testing Contract

_____ 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 _____ (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 _____