

— PROBLEM SOLVING —
COURTS
WORK
MAKING A DIFFERENCE



SECOND CIRCUIT JUDICIAL CIRCUIT
425 N DAKOTA AVE.
SIOUX FALLS, SD 57104

2020

SHOW UP

TRY

BE HONEST

What is Drug Court?

In Drug Court, I will go to treatment and to counseling. In drug court, I can change my life and make it better.

If I agree to Drug Court and get sentenced to the program, I must come to court each week, go to treatment, and do random drug testing. I will also go to support group meetings. Drug Court lasts at least 18 months.

1. Drugs or alcohol use has made your life unmanageable
2. Willing to live where the drug court team can supervise you

You can be offered Drug Court if you are:

1. At least 18 years old
2. Facing felony charges
3. Agree to be in program
4. Not a drug dealer
5. Not a sex offender
6. Not violent
7. Drug or alcohol use has made your life hard
8. Willing to live where the drug court team can supervise you

Who helps me get into drug court?

Your Attorney can help you decide if you should do Drug Court. They will help you fill out the application and all paperwork.

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

The Drug Court Team includes a Judge, lawyers, probation officers, treatment, program coordinator, and law enforcement. The Team will meet each week before court and talk 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 clean UA's, if I have been going to work, 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 me 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.

Each week I will come to court. While I am there I will behave. I will stay while all the other people in the program talk to the Judge. When I am in court I will also encourage my fellow participants in the Drug Court program by clapping.

Confidentiality

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

What are my rights in drug court?

If I agree to participate in drug court, I am agreeing 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. Your attorney can explain this in detail to you.

What is random alcohol and drug testing?

To make sure I stay clean, I must do random drug and alcohol testing, sometimes every day. My name will be checked with the South Dakota Prescription Drug Monitoring Program to make sure I am not abusing prescription medications.

UA Testing Procedures:

You must comply with all testing or by further instruction of the Court Services officer and Drug Court team. If you do not comply with the scheduled UA timeframes, you may be sanctioned up to and including the following:

- 1st offense: Verbal warning
- 2nd offense: Loss of sober days in phase
- 3rd offense: Loss of all sober days

If you no show for a scheduled UA, you may lose all sober days in program.

How do I complete drug court?

I am required to submit a written request to the Drug Court Team asking to graduate and explain all I have completed in the program. I will be in drug court for least at least eighteen (18) months and must do all the following to graduate.

Drug Court consists of five (5) phases. Each phase is explained in detail below. You are required to submit a written request to the Drug Court Team to advance to the next phase or graduate.

Before graduating from the Program, you must complete a **Program Exit Survey**.

Phase requirements will include the following, which may be modified in the discretion of the Drug Court team from time to time

Phase 1

- Minimum of 60 days
- Weekly court attendance
- Comply with Treatment
- Comply with Supervision
- At minimum weekly office visit
- At minimum monthly home visit
- Develop a case plan
- Begin to focus on peer support groups (MAAEZ, 12 step groups, Smart recovery, Wellbriety, Celebrate Recovery)
- Follow recommendations of programming for recovery support meetings
- 28% chance of UA daily – including weekends and holidays
- Obtain and maintain a weekly/daily planner
- Address housing
- Obtain medical assessment
- Change people, places and things
- Complete Physical
- 14 days of continuous sobriety
- Submit written request to move to next phase

Phase 2

- Minimum of 90 days
- Weekly court attendance
- Comply with Treatment
- Comply with Supervision
- At minimum weekly office visit
- At minimum monthly home visit
- Review treatment case plan
- 28% chance of UA daily – including weekends and holidays
- Start to focus on peer support groups and start working with Sponsor
- Attend two (2) recovery support meetings per week
- Maintain planner
- Maintain housing
- Start seeking employment
- Address financial budget
- Change people, places and things
- 30 days of continuous sobriety
- Submit written request to move to next phase

Phase 3

- Minimum of 90 days
- Bi-weekly court appearances
- Comply with Treatment
- Comply with Supervision
- At minimum bi-weekly office visit
- At minimum monthly home visit
- Review case plan, develop implementation of relapse prevention
- 28% chance of UA daily – including weekends and holidays
- Maintain planner
- Maintain housing
- Obtain employment
- Begin criminal thinking (MRT) if recommended
- Attend two (2) recovery support meetings per week
- Establish pro-social activity
- Change people, places and things
- 45 days of continuous sobriety
- Submit written request to move to the next phase

Phase 4

- Minimum of 90 days
- Monthly court appearances
- Comply with Treatment
- Comply with Supervision
- At minimum bi-weekly office visit
- At minimum monthly home visit
- Review case plan
- 28% chance of UA daily – Including weekends and holidays
- Maintain planner
- Maintain housing
- Attend three (3) recovery support meetings per week
- Maintain pro-social activity
- Maintain employment
- Change people, places and things
- 60 days of continuous sobriety
- Submit written request to move to the next phase

Phase 5

- Minimum of 90 days
- Monthly court appearances
- Comply with Treatment
- Comply with Supervision
- At minimum monthly office visit
- At minimum monthly home visit
- Review case plan, develop continuing care plan
- 28% chance of UA daily – including weekends and holidays
- Maintain planner
- Attend three (3) recovery support meetings per week
- Maintain pro-social activity
- Maintain employment
- Change people, places and things
- 90 days of continuous sobriety

What happens when I've finished all five phases?

Once I have completed all 5 Phases, I can apply for graduation or commencement from the program. I must have completed all the requirements below:

- Complete Phase 5
- Fines on my current file have been paid
- 90 days continuous clean and sober living
- I am employed
- I have stable housing
- I have been in the drug court program for at least 18 months

Once I have been approved to graduate, there will be a special ceremony in my honor to congratulate all I have accomplished. This will be a very important event and my loved ones and family will be asked to join me for the celebration.

Incentives

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

Expected behaviors and incentives can include but are not limited to the following:

<u>Expected behavior</u>	<u>Incentive</u>
✓ Honesty	✓ Applause
✓ Accomplishing goal	✓ Acknowledgement from the court
✓ Positive attitude	✓ Gift card to local restaurant
✓ Adjusting well to Program	✓ Gas card
✓ Securing a sponsor	✓ Movie pass
✓ Avoiding temptation to relapse	✓ Progression in the Program/medal
	✓

Violations and Sanctions

Sanctions are given for not following the program. Not following the rules of the program is a violation. The Drug Court Judge and Team will decide sanctions based on any violations.

Inappropriate behaviors and sanctions can include but are not limited to the following:

<u>Inappropriate Behavior</u>	<u>Possible Sanction</u>
✓ Dishonesty	✓ Verbal warning
✓ Failure to maintain journal	✓ Written letter
✓ Failure to attend AA meetings	✓ Incarceration
✓ Breaking curfew requirements	✓ Loss of sober days
✓ Reporting late to PBT or UA	✓ House arrest
✓ Testing positive on PBT or UA	✓ No phase progression

Therapeutic Adjustments

A therapeutic adjustment is a change in my treatment plan.

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

✓ Increased self-help meetings	✓ Increased court appearances
✓ Increased drug/alcohol testing	✓ Increased treatment intensity
✓ Completion of treatment workbooks	✓ Additional assessments or evaluations
✓ Journaling	✓ Modification of individualized treatment plan
✓ Motivational Interviewing exercises	✓ Residential treatment
✓ Evaluation for possible medication	

What happens when I fail to follow the rules of Drug Court?

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

Some examples of reasons to terminate are:

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

- 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. Your probation officer will give you a written copy of the possible violations
3. You can ask for an attorney to be appointed to represent you.
4. You will have a chance to talk to the Judge and the Team concerning the motion to terminate you from the program.
5. The Judge makes the final decision if you will stay in the program.
6. If you are terminated, the Court shall advise you of your rights concerning potential probation revocation and appoint you an attorney.
7. You are required to participate in a termination interview and may be subject to a probation revocation proceeding.

Voluntary Removal

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

Fees

Court Related Fees

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

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

You will work with your court services officer to set up a payment plan.

Program Related Fees

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

- 24/7 Program
- SCRAM
- Interlock
- Court fines
- Other



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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 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? Yes 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:		

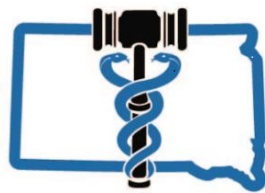
Do you currently have any matters pending through another court? Yes No

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:	



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CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

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

Therefore, I, _____, consent to allow the release of employment, medical, psychiatric, treatment, educational, mental health, or other documents and records that are deemed necessary for Drug Court purposes concerning Case No(s).

_____. I also consent to the disclosure of on-going communications about my diagnosis, prognosis, and compliance status, which includes, but is not limited to, the following:

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

These communications may be disclosed among the following parties or agencies involved in the Problem-Solving Court Program: the Problem-Solving Court judge, the Problem-Solving Court team members, the employees engaged in the Problem-Solving Court operations and

administration, court services officers in the Problem-Solving Court Program, treatment providers utilized by me during the Problem-Solving Court Program, the Problem-Solving Court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Problem-Solving Court Program.

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

I agree to permit the disclosure of this confidential information only as necessary for, and pertinent to, hearings, and/or reports concerning the status of my participation and compliance with the conditions of my probation as defined by the Problem-Solving Court. I understand that information about my medical status, mental health and/or drug treatment status, my arrest history, my levels of compliance or non-compliance with the conditions of my Problem-Solving Court participation (including the results of urinalysis or other drug screening tools,) and other material information will be discussed and shared among members of the Problem-Solving Court Team.

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

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

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

_____ Date _____
Problem-Solving Court Participant

_____ Date _____
Witness



Publicity Consent /Release Form

I accept and approve the use, print, and copy of all media by the Problem-Solving Court. This includes all pictures or videos taken of me. My name may or may not be included for media, promotional, educational, and other purposes. I realize this coverage may use my picture, with or without further explanation. This could be alone or with other pictures, in a story, on a website, or on a cover of any or all public materials for Problem-Solving Court.

I release the Problem-Solving Court, its staff and employees, or anyone it authorizes, from all claims relating to or arising from the use of the consented items above.

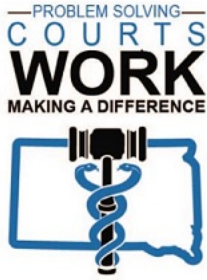
I am over eighteen years of age. I have read this agreement or have had it read and explained to me. I fully understand what it means. I have signed this on my own free will without force.

Name:	
Address:	
City:	
State:	
Zip Code:	
Telephone:	

This consent/release will remain in use and cannot be revoked by me until:

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

Signature:	
Date:	



**2nd Circuit PROBLEM-SOLVING COURT
TREATMENT PROGRAM BASIC UNDERSTANDING,
WAIVERS AND AGREEMENTS**

Defendant's Name: _____

Address: _____

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

I UNDERSTAND:

As a condition for participation in the Problem-Solving Court Treatment Program, I must give up certain statutory and/or constitutional rights. I hereby voluntarily agree and consent to give up the following statutory and/or constitutional rights upon my acceptance into the Problem-Solving Court Treatment Program enumerated below:

1. **LEGAL WAIVER:** I do hereby release and forever discharge the complaining witnesses, victim(s), the Problem-Solving Court Judge, the State's Attorney's Office, the Defense Attorney on the Problem-Solving Court Team, the Court Service Officer(s), the Problem-Solving Court Staff, and their respective heirs, successors, executors, administrators, and assigns from any and all claims of any kind or nature whatsoever, either in law or in equity, arising out of my arrest, participation in, or termination from, the Problem-Solving Court Program, and do expressly release and forever hold them harmless from any criminal or civil action which I may have a right to bring as a result of my arrest or participation in the Problem-Solving Court Program. (____)
2. **RELEASE OF INFORMATION:** I agree to complete a diagnostic evaluation for the development of my Drug Treatment Program as ordered by the Court. I hereby authorize release of all treatment information by the provider to the Court, Court Services, and the Problem-Solving Court Team. The Team and Court may consider any such information in deciding whether I remain in the Problem-Solving Court Treatment Program. (____)
3. **STATUS OF PROGRAM:** I have no legal right to participate in the Problem-Solving Court Treatment Program, and my acceptance and

participation is a privilege. I may be excluded or terminated from the Program at any time. (____)

4. PROGRAM LENGTH: The length of the Program varies, with the minimum time to complete all levels of programming being one (1) year. Average program length is 12 to 24 months, depending on my needs, abilities, and motivation to meet Program objectives. Upon successful completion of Problem-Solving Court, I may be ordered to complete the remainder of my probation period on standard probation. (____)
5. GENERAL REQUIREMENTS: I must attend all Problem-Solving Court sessions, attend treatment sessions, pass repeated drug screens, and address problems such as corrective thinking that contribute to my addiction. I must reduce risk factors which may include improving my family situation, bettering my employment status, increasing my educational level, moving from known drug distribution areas, etc. I may be required to pay restitution, fees for participation in the Program, fines, my Court Appointed Attorneys Fees, and any other related costs. I must make suitable progress towards controlling my addiction, and the Program will set individual requirements that I must meet. (____)
6. INDIVIDUALIZED TREATMENT PLANS: The Clinician I am assigned to will set my individual treatment plan requirements, which will then be reviewed by the Problem-Solving Court Team. The final decisions regarding my progress, compliance with Program requirements, and continued participation are in the Judge's sole discretion. I have no right to appeal the Court's decisions. (____)
7. COMMUNITY SUPPORT GROUP MEETINGS: You will be required to attend community support group meetings as part of your treatment plan. The Problem-Solving Court may provide secular group alternatives if you so choose. Your choice of community support group is voluntary, although you must choose one of the possible alternatives given by the Problem-Solving Court Team and your treatment provider. If you decide to change groups, your treatment provider and the Problem-Solving Court Team must first approve the change. Your attendance at group meetings will be recorded, and you will be subject to sanctions for not attending. (____)
8. TERMINATION: I can quit the Program at any time but I must meet with the Problem-Solving Court Judge and Team to discuss my reasons for this decision and they may delay my withdrawal from the Program for a reasonable amount of time to make sure my decision is firm. If I voluntarily terminate myself from the Program, abscond from the Program, or am involuntarily terminated, I understand that I will be subject to revocation of my suspended sentence. (____)

9. FEES: I will have to pay for some components of the Program, such as:
- A. Drug Testing;
 - B. Ankle Bracelet Monitoring System;
 - C. Treatment/Counseling;
 - D. 24/7 Sobriety Program.

Money, I pay into the Program is non-refundable. If I quit, am terminated from the Program, or if the Program ends for any reason, I will not get my money back. (____)

10. SANCTIONS: If I do not fully comply with the Program, the Judge may impose sanctions at his/her sole discretion. Additionally, my Court Service Officer(s) (CSO) may impose administrative sanctions. As a condition of my participation in the Problem-Solving Court Program, I do not have a right to an Evidentiary Hearing to contest the imposition of most sanctions. I do have the right to a Hearing to contest sanctions that may result in a loss of liberty, including jail sanctions. The Judge may also terminate me from the program. (____)

11. COMMISSION OF A CRIMINAL OFFENSE: If I commit an additional criminal offense, excluding minor traffic offenses, I may be terminated from the Program. (____)

12. COURT PROCEEDINGS: The Problem-Solving Court proceedings will be informal and performed in open Court. Clothing bearing drug or alcohol related themes, or promoting alcohol or drug use is not allowed. (____)

13. SEARCHES:

A. I will submit to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia at the request of the Court Service Officer(s) (CSO). I am aware that law enforcement, under the direction of the CSO, will be included in the above random searches as part of my participation in the Program. (____)

B. I will be subject to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol or any paraphernalia by treatment provider staff or their designee while participating in the treatment program or while on treatment provider property. Failure to comply with these requirements may result in sanctions. (____)

14. **ATTORNEY:** Problem-Solving Court is a non-adversarial forum and, therefore, treatment and accountability is the primary concern. I understand that the attorney who represented me in the criminal case does not represent me in Problem-Solving Court, and the defense attorney who participates in the Problem-Solving Court is not acting as my attorney (even if the same attorney who represented me is also the defense attorney who participates in Problem-Solving Court). If the attorney who represents me in the criminal case is the same attorney who participates in the Problem-Solving Court, I waive any claim of conflict that might otherwise arise if that attorney is required to later represent me in court proceedings (for example, if I am terminated from the Problem-Solving Court Program). (____)
15. **DISCUSSIONS IN MY ABSENCE.** I understand and acknowledge that the members of the Problem-Solving Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Problem-Solving Court Judge about me, my progress in the Program, and any problems that I might be having.
- The Team may also discuss with the Judge, at various times, sanctions or rewards, which I may receive because of my participation in the Program. I also understand and acknowledge that I will not be present for these discussions with the Judge. It has been explained to me these discussions with the Judge without me being present are necessary in order for me to receive the maximum benefit from the Program. I understand this and waive my presence at these meetings and discussions with the Problem-Solving Court Judge. (____)
16. **WAIVER OF PRIVACY:** Program officials may require me to provide very personal information. This may include, but will not be limited to: my criminal record, financial and tax information, child support records, education and work history, family history, and medical and psychiatric information. I understand and agree that these things may be discussed in open Problem-Solving Court session, in treatment sessions, or in other settings related to participation in the Program. I agree to sign specific releases promptly to allow the gathering of this information. (____)
17. **DUTY TO NOTIFY:** I must obtain permission from my Court Service Officer(s) (CSO) prior to making any change in my residence or mailing address, any change, or disconnection of my phone number, or any change in my employment. I must also notify my Court Service Officer(s) (CSO) immediately after any law enforcement contact. (____)

18. CONTACT WITH LAW ENFORCEMENT: I must obey all laws and notify my Court Service Officer(s) (CSO) of any criminal charges that are made against me, including any driving violations or minor offenses. My arrest or conviction on other charges, or my failure to report other charges, may result in termination from the Program. (____)
19. NO ALCOHOL OR CONTROLLED SUBSTANCES: I understand that I cannot drink, possess, or otherwise ingest alcohol, nor may I associate with those who do, while I am a participant in the Problem-Solving Court Program. I also understand that I cannot use or possess marijuana, K2 or like substances, synthetic marijuana, scheduled controlled substances, over-the-counter drugs except as authorized herein, or any mind-altering substances, nor associate with those who do, while I am a participant in the Problem-Solving Court Program. (____)
20. MEDICATIONS: I understand that I will be required to provide frequent and random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia as a condition of my participation in the Problem-Solving Court Program. I agree that I will not take any medications, including cough, cold, and any other over-the-counter medications without prior approval from my treatment provider and my Court Service Officer(s) (CSO). I also agree to provide a complete list of my medications to my treatment provider and my Court Service Officer(s) (CSO). I also will not use or consume any food or beverage that contains poppy seeds while I am in the Problem-Solving Court Program. (____)
21. DRUG TESTING: I understand that results of my tests shall be admissible as evidence in the Problem-Solving Court. (____)
22. MEDICAL NEEDS: I, unless authorized by the Problem-Solving Court Team, will have only one doctor meeting my primary health needs. All appointments must be scheduled with that doctor or medical professional with the knowledge and permission of the Problem-Solving Court Team or my CSO, including emergent needs. (____)
23. ALCOHOL/DRUG TREATMENT AND COUNSELING: I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling. (____)
24. HOUSING: I understand that stable housing is necessary for my recovery and must be approved by the Problem-Solving Court Team. I agree to comply with their recommendations and restrictions. (____)

25. EMPLOYMENT/EDUCATION/JOB TRAINING: I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. (____)
26. GAMBLING: I will not gamble nor enter any gambling establishments where the primary source of revenue is gaming funds without the written permission of my supervising officer. (____)
27. CURFEW: I agree to abide by a curfew as determined by the Problem-Solving Court Team. The curfew will have a beginning time when I am to be home and an ending time when I may leave. During my curfew, I may be on my property, as long as I am able to hear and get to the telephone. (____)
28. FREE, VOLUNTARY, KNOWING AGREEMENT: My participation in the Program requires that I waive very important rights. I have fully discussed my rights with the Defense Attorney on the Problem-Solving Court Team before agreeing to enter into the Program. I am satisfied that I understand how the Program will affect my rights. At the time of executing this document, my thinking is clear and I am not under the influence of any substance. The decision to waive my rights and enter the Program is mine alone and made of my own free will. I expressly agree to accept and abide by all the terms and conditions of the Problem-Solving Court Treatment Program as established by the Court and the Treatment Provider. (____)
29. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Problem-Solving Court Judge for all purposes, including sanctions. (____)
30. I hereby consent to the disclosure of Problem-Solving Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Problem-Solving Court Program. (____)

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

SIGNATURE OF DEFENDANT

DATE

SIGNATURE OF WITNESS

DATE



SOUTH DAKOTA PRESCRIPTION DRUG MONITORING PROGRAM

The South Dakota Prescription Drug Monitoring Program gathers data from dispensers who serve South Dakota residents and makes it available to prescribers and pharmacists to enable them to make better decisions when providing controlled substances to their patients. In addition, law enforcement can access this tool to reduce doctor-shopping, prescription forgery, and the diversion of prescription medications into illegitimate channels. All controlled substances in Schedules II – IV are tracked by the SD PDMP.

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

Therefore, I, _____ give consent to _____ (Court Services Officer and Team) to obtain my Prescription Drug Monitoring Program data from the South Dakota Pharmacy Board for the purpose of assisting the Drug Court with my case, specifically for supervision and treatment. All information obtained through the PDMP program will be kept confidential between the Drug Court Team.

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

Signature _____

Date _____

Witness Signature _____

Date _____



Participant Handbook Receipt
and
Acknowledgement Form

I have been given a copy of the *Participant Handbook*. I will read and follow the rules of the program.

Participant Name Printed:	
Participant Signature:	
Date:	

SHOW UP

TRY

BE HONEST