



## **Veterans Treatment Court**

### **Eligibility checklist**

Please review this information and complete the following tasks:

1. Contact your attorney and schedule an appointment to meet with them. Please bring a copy of your DD214 to appointment.

✓ If you are represented by the Public Defender's Office

Please contact:

Katie Dunn      413 N Main Ave      605-367-4242

2. Fill out this application, review it with your attorney and have your attorney sign it.

3. After meeting with your attorney, you will need to schedule an appointment to meet with the following people.

✓ Veterans Court Probation Officer

Shiela Kieso      425 N Dakota Ave      605-367-5930

✓ Veterans Healthcare and Mental Health

Becky Hess      2501 W 22<sup>nd</sup> St      605-336-3230 ext7762

✓ Mental Health Assessment

Nick Fisher      2000 S Summit Ave      605-336-0516

### **MISSION**

The mission of the Minnehaha County Veterans Treatment Court is to enhance public safety and help veterans in the criminal justice system become law abiding, productive citizens through rigorous supervised probation that includes mental health and substance abuse treatment, while holding the participants accountable for criminal behavior.

### **How Does Veterans Court Work?**

The veteran must serve or have served in the armed forces of the United States. If the veteran is no longer serving, the veteran must have received either an honorable or a general under honorable conditions discharge.

The veteran must be charged with or have been convicted of a criminal offense in Minnehaha County, South Dakota.

The veteran cannot have been charged with or convicted of any of the following: murder, rape, felony sexual contact or manslaughter, as defined by South Dakota State Law.

The Veteran must have a treatable mental health or behavioral disorder, such as (but not limited to) post-traumatic stress disorder, traumatic brain injury, and/or substance abuse or dependency.

The veteran must pose no risk or danger due to uncontrollable behavioral problems.

VTC is a voluntary program which includes: alcohol and drug testing, counseling, treatment and Court appearances.

### **What is Veterans Court?**

Veterans Court is a voluntary program, which includes regular appearances before the Veterans Court Judge, frequent and random drug testing, substance abuse counseling in individual and group settings, mental health counseling, educational classes, a system of behavior modification based on incentives and sanctions, and community supervision by a Veterans Court Team. VTC requires participants to participate in community support groups. The program length is determined by each participant but is no less than twenty months. The VTC program is broken into five phases. You must complete all five phases successfully to graduate.

### **What is the History of the Veterans Treatment Court in Sioux Falls?**

The first meeting to discuss a Veterans Treatment Court in Minnehaha County was on November 19, 2013. At that time, strategies were discussed regarding the requirement that the court ask criminal defendants whether they are serving or are veterans, and allowing the court to refer veterans to the VA for treatment when appropriate. The first actual meeting to start implementation of a Veterans Treatment Court was on February 25, 2014. At that time, a timeline was approved for implementation, agreement was made to apply for the VTCPI program through Justice for Vets, and members began making plans to visit and observe the Hennepin County Veterans Treatment Court in July 2013. Veterans Treatment Court in Sioux Falls held their first Court appearance on Tuesday, March 15, 2016.

## Veteran Questionnaire

1. How old were you when you enlisted?
2. What was the branch of service?
3. What were your dates of service?
4. What was the nature of the discharge?
5. Were you deployed?
  - Length of deployment?
  - How many deployments?
  - Where were you deployed?
  - Were you in a combat zone?
  - Were you deployed with soldiers who lost their lives during their service?
6. What were your duties/responsibilities while enlisted?
7. Once you were discharged, did you have any issues adjusting to civilian life? (Finding a job, struggling with relationships, trouble sleeping ect.)
8. When did you first start experiencing symptoms of PTSD, Drug/Alcohol Abuse, Anger issues?
9. Do you have any VA-determined disability?



# JUSTICE FOR VETS

## Minnehaha County Veterans Treatment Court Application

Second Judicial Circuit

Date of Application		Please submit completed application to the Minnehaha County Veteran's Treatment Court Coordinator, Dez Murray. Submit by E-mail: <a href="mailto:Desiree.murray@uis.state.sd.us">Desiree.murray@uis.state.sd.us</a> or by fax 605-367-4097.			
Name (Last, First, Middle)			Alias		
Race		Sex	Date of Birth	Social Security Number	
Current Address (Street)			Telephone Number	Cell Phone Number	
City		State	Zip	How Long at this Address?	
County of Residence:		Reliable Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No		Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No			Number of Dependents		
Emergency Contact		Relationship		Telephone Number	
Current Employer		Monthly Income		Receiving Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
VA Assessment Completed <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, where/when?		
Highest Grade Completed			GED <input type="checkbox"/>		
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:		
Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch		Dates of Service		Discharge Type/Date:
Were you deployed to a combat zone or hazardous duty? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, dates:		
Have you been treated for/diagnosed with PTSD, a service related mental disorder or a traumatic brain injury (TBI) <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain:		
Defense Attorney Name			Telephone Number		
"The defendant consents to the disclosure of Veteran 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 Veteran Court Program."					
_____ Defense Attorney Signature		_____ Date	_____ Applicant Signature		_____ Date



## VETERANS TREATMENT COURT

### TREATMENT PROGRAM BASIC UNDERSTANDING, WAIVERS AND AGREEMENTS

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Defendant's Name:

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Address:

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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number(s):

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#### I UNDERSTAND THAT:

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

1. **LEGAL WAIVER:** I do hereby release and forever discharge the complaining witnesses, victim(s), the Veterans Court Judge, the State's Attorney's Office, the Defense Attorney on the Veterans Court Team, the Court Service Officer(s), the Veterans 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 Veterans 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 Court Program. ( )
2. **RELEASE OF INFORMATION:** I agree to complete a diagnostic evaluation for the development of my Veterans 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 Veterans Court Team. The Team and Court may consider any such information in deciding whether I remain in the Veterans Court Treatment Program. ( )

3. STATUS OF PROGRAM: I have no legal right to participate in the Veterans 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 20 months. Average program length is 20 to 24 months, depending on my needs, abilities, and motivation to meet Program objectives. Upon successful completion of Veterans Court, I may be ordered to complete the remainder of my probation period on standard probation. ( )
  
5. GENERAL REQUIREMENTS: I must attend all Veterans 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 Veterans 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 Veterans 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 Veterans Court Team and your treatment provider. If you decide to change groups, your treatment provider and the Veterans 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 Veterans 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 Veterans 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 Veterans 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: Veterans 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 Veterans Court, and the defense attorney who participates in the Veterans Court is not acting as my attorney (even if the same attorney who represented me is also the defense attorney who participates in veterans court). If the



attorney who represents me in the criminal case is the same attorney who participates in the Veterans 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 Veterans Court Program). ( )

15. DISCUSSIONS IN MY ABSENCE. I understand and acknowledge that the members of the Veterans Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Veterans 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 Veterans 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 Veterans 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 Veterans 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 Veterans 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 Veterans 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 Veterans Court Program. (  )
21. **DRUG TESTING:** I understand that results of my tests shall be admissible as evidence in the Veterans Court. (  )
22. **MEDICAL NEEDS:** I, unless authorized by the Veterans 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 Veterans 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 Veterans 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 Veterans 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 Veterans 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 Veterans 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 Veterans Court Judge for all purposes, including sanctions. ( )
30. I hereby consent to the disclosure of Veterans Treatment 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 Veterans Treatment 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 Veterans Court such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Veterans Court requirements, or upon sentencing for violating the terms of my Veterans Court involvement.**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

## CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

I, \_\_\_\_\_, having agreed to enroll and participate in the Adult Veterans Treatment 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 Veterans Treatment 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 Veterans 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 Veterans 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 Veterans Treatment Court Program: the Veterans Court judge, the team members, the employees engaged in the Veterans Court operations and administration, court services officers in the Veterans Court Program, treatment providers utilized by me during the Veterans Court Program, the defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Veterans Treatment 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 Court Program; and, to assess and comment on my progress in accordance with the Veteran Treatment 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 Veterans 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 Veterans 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 Veterans Court team.

I further understand that as an essential component of the Veterans Treatment 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 re-disclosure of confidential treatment information to individuals who have not been individually and specifically authorized to receive such information. Therefore, **I hereby specifically consent to any potential re-disclosure to third persons who may be in attendance at any of my Veterans 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 Veterans Treatment Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Veterans Treatment Court requirements, or upon sentencing for violating the terms of my Veterans Treatment Court involvement.**

\_\_\_\_\_  
Date \_\_\_\_\_  
Veteran's Court Participant

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

## Veterans Court Testing

\_\_\_\_\_ 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 Veterans 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 Veterans 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.

**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 Veterans Court such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Veterans Court requirements, or upon sentencing for violating the terms of my Veterans Court involvement.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date