

South Dakota
UNIFIED JUDICIAL SYSTEM

Northern Hills
DRUG COURT
4th and 7th Judicial Circuits

PARTICIPANT HANDBOOK



CONTACT INFORMATION

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(Handbook Updated May 2016)

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MISSION STATEMENT

The Northern Hills Drug Court (NHDC) Mission is to increase community safety, break the cycle of addiction, foster healthy families, and efficiently use public funds. This is accomplished by streamlining and coordinating comprehensive services for felony offenders whose crimes are related to addiction. The NHDC will reduce drug-related crime by holding offenders accountable through a judicially-monitored court program to promote long-term recovery.

PROGRAM GOALS

- Increase public safety by integrating treatment and mental health services within the criminal justice system
- Reduce recidivism rates of non-violent chemically dependent offenders
- Engage Participants in treatment and recovery
- Enhance social functioning of Participants
- Connect Participants with positive support networks within the community
- Ensure behavioral and financial accountability of Participants

GENERAL DESCRIPTION

What is Drug Court?

Drug Court is defined as a judicially supervised alternative program to incarceration and includes drug, driving under the influence (DUI), and other specialty court dockets aimed at increasing public safety, increasing offender accountability, and decreasing recidivism. Drug Courts are a collaborative community effort.

The Northern Hills Drug Court, the first in South Dakota, is based in Sturgis, South Dakota. This Drug Court focuses on the non-violent, adult felons who abuse controlled substances. The typical defendant has “one foot” in the penitentiary. Key features of a drug court include early intervention, accountability, increased court hearings, frequent drug testing, immediate sanctions, and intensive supervision. The Drug Court is unique in that Participants work with a team of individuals committed to the Participant’s recovery. Participants are closely monitored and frequently tested for drugs and alcohol. Positive behaviors are rewarded with verbal and tangible incentives. Negative behaviors are met with swift and immediate sanctions.

An Example:

Jane Doe, a methamphetamine addict and mother of two children, is arrested for stealing. Her defense counsel, the prosecutor, or Court Services Officer identifies Jane as a potential Drug Court candidate. Jane elects to participate, completes an application and is screened to determine eligibility. The local State’s Attorney recommends Drug Court as a condition of probation. The Sentencing Judge, Jane’s attorney, and the Drug Court Defense Attorney ensure that Jane fully understands the Drug Court Program and all her rights. Jane’s program begins immediately. Her life is intensively scrutinized, strictly monitored, and highly directed. If Jane progresses she will earn rewards, less scrutiny, more individual

choices, and ultimately, graduation from the program. Jane has an individualized treatment plan. She comes to court every week to meet the Team and answer to the Judge. She frequently meets with her counselors and probation officers. Jane is drug-screened at least 2-3 times a week at any time of day or night, at home, work, or elsewhere. Jane spends 12-18 months in the Drug Court Program, graduates, and then transfers to “regular probation.” Jane stays sober, raises her children, keeps a job, and productively contributes to society.

ELIGIBILITY STANDARDS

- Plead guilty to charges or admitted to Petition for Revocation
- Facing felony level drug or alcohol-related offense
- Over 18 years old
- Voluntarily enters into Drug Court and willing to comply with all requirements
- No current charges of distribution
- Not required to register as a Sex Offender
- No prior conviction of crimes of violence
- Substantially impacted by abuse or dependence on drugs
- Screened legally eligible for Drug Court
- Willing to maintain residency as directed to ensure intensive supervision

REFERRAL PROCESS

- Prosecutor completes legal screen for Drug Court
- Participant completes Drug Court application
- Complete updated drug and alcohol evaluation and a LSI-R risk/needs assessment
- Defense attorney provides discovery and evaluation to NHDC Team
- Team votes and accepts or denies pending application
- If accepted, Drug Court becomes sentencing option
- Sentenced to probation with Drug Court as a condition

*Every reasonable effort will be made by the NHDC team to ensure that the time between arrest and entry into the NHDC Program is less than 30 days.

CONFIDENTIALITY

Drug Court Sessions are open to the public. Team meetings are not. All Participants must sign releases for health, medical, mental health, criminal, employment, and educational records as deemed necessary by the Drug Court Team. You will hear other Participants speaking about their problems in court and treatment. You must be mindful of such private information and cannot share this information with non-Drug Court personnel. The only exception to this confidentiality rule is reporting any prior or current child abuse or neglect.

SCHEDULE

Team Meetings

- Tuesdays
- 11:00AM
- Meade County Courthouse

Drug Court Sessions

- Tuesdays
- 1:00PM
- Meade County Courthouse

TEAM MEMBERS

The NHDC Team will serve as your Case Manager. The Team includes a Judge, Coordinator, Probation Officers, Treatment Providers, Defense Attorney, Prosecutor, and Law Enforcement. The Team will meet and discuss your progress every week before your court hearing. The Team will recommend incentives and sanctions to the Drug Court Judge.

INCENTIVES & SANCTIONS

You can earn incentives by your honesty and hard work. The Drug Court Judge or Court Service Officer may issue incentives for hard work and good behavior. Poor behavior, or rule violations, will result in a swift sanction. The ultimate sanction is termination from the Drug Court. The following is a list of possible incentives and sanctions:

Incentives

Low

- Verbal Praise
- Small tangible rewards (e.g. toiletries, albums, coins)
- Recognition in Court
- Symbolic Rewards (e.g. key chains, chips, copies of addiction readings)

Medium

- Reduced Supervision Requirements
- Reduced Community Restrictions (e.g. later curfews, relaxed area restrictions)
- Moderate Tangible Rewards (e.g. gift certificates, movie passes, gas cards)
- Fishbowl Drawings
- Self-Improvement Services (e.g. GED, pre-vocational assistance, educational assistance)
- Supervised Social Gatherings (e.g. picnics, family day, parties)

High

- Travel Privileges
- Large Tangible Rewards (e.g. car repair assistance, donated education courses)

- Commencement Ceremony
- Legal Incentives (e.g. avoidance of jail or prison)

Sanctions

Low

- Verbal Admonishments
- Letter of Apology
- Essay Assignments
- Daily Activity Logs
- Journaling, Progress Reports
- Life Skills Assessments
- Court Observations

Medium

- Increased Supervision Requirements
- Phase Restrictions
- Community Service
- Holding Cell
- Increased Drug Testing

High

- Day Reporting
- Electronic Surveillance
- House Arrest
- Jail Sanctions
- Termination

PROGRAM FEES

- 1/3 of all treatment costs
- Repayment of any court-ordered restitution, fines, costs, or fees
- Pay any drug-testing charges or lab fees
- Pay any 24/7 Program fees, Electronic Monitoring fees, etc.

DRUG TESTING

A critical component of successful NHDC participation involves intensive supervision and random drug testing to determine compliance with the rules of the NHDC Program. The frequency of the tests will be determined by the phase you are in and is subject to change based on violations and the recommendation of the NHDC Team. Testing may be conducted anywhere at any time, including at treatment sessions and at NHDC sessions by the Court Service Officer. All tests are observed, and any detectable level of alcohol or controlled substance will be considered as a positive test. Upon a positive

test, you will ordinarily be taken into custody. This is done to protect public safety. On occasion, treatment providers may conduct tests for the purpose of therapeutic adjustments; results will be shared with the Team. Drug testing includes frequent contact with the South Dakota Prescription Drug Monitoring Program to ensure you are not abusing prescriptions not approved without the Team's knowledge.

PARTICIPANT'S RIGHTS

You understand that by agreeing to participate in a NHDC Program, you are waiving your 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. Admission into the NHDC requires acceptance of this responsibility. You also understand that admission, participation, and possible termination from the NHDC Program are entirely within the discretion of the NHDC Team.

PARTICIPANT RULES & REGULATIONS

- **Telephone communication** - Participants must be available to be contacted by their Court Services Officer and/or Treatment Providers at all times in the program.
- **Ability to plan** – Participants are required to maintain weekly itineraries and monthly planners at different phases of the program.
- **Compliance** – Participants must comply with all reasonable requests of their Court Services Officer(s), Treatment Providers, and NHDC Team.
- **Drug & Alcohol Testing** – Participants must be present and prompt upon receiving directives in regards to drug and alcohol screening times and locations. Testing may be unannounced and at times inconvenient.
- **Altered or Tampered** – Will not be tolerated and may result in termination from the program. Honesty is paramount. Failure to report, failure to produce, or dilute or altered samples will be considered a positive test resulting in swift and immediate sanctions. This may result in termination from the program.
- **Associational Limits** – Participants are subject to any and all associational limits as determined by Court Services, and the NHDC Team. Participants shall not associate with non-law-abiding individuals, violence prone individuals, or anyone actively using drugs or alcohol.
- **Medications** – Participants must disclose all medications to their Court Services Officer(s), Treatment Providers, and NHDC Team. Non-narcotic alternatives must be explored with medical providers. Participants must sign any releases of information to obtain copies of medical records. 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.
- **Prosocial Activities and Community Involvement** – Participants must be engaged within their community or engaged in prosocial activities. The NHDC Team will continually assess a Participants' participation in these areas, particularly in the latter phases of the program.

- **Self-help Support Groups** – Participants are required to attend a minimum of two self-help support groups per week and provide verification of such attendance to the NHDC Team.
- **Financial Planning** – Participants are held accountable financially. Financial planning will include, but not be limited to, weekly payments toward treatment costs, restitution, and other court-ordered financial obligations. Participants shall not spend more than \$300.00 on any single-item purchase without prior consultation with their Court Services Officer(s).
- **Financial Documentation** – Participants are required to submit copies of all financial records to the Drug Court Office and/or Court Services Officer(s). All pay stubs, student loan disbursements, disability income, or other financial documents are mandated. Tax forms, child support obligations, and other payment verification may be requested.
- **Court Attire** – Participants must dress appropriately for court. Male Participants are expected to wear a shirt, tie, and dress pants. Female Participants are expected to wear dress pants, dress, or skirt of an appropriate length with a blouse or sweater that adequately covers their chest and mid-section.
- **Living Arrangements** – Participants must disclose their living quarters and cohabitants to the NHDC Team. House guests and visitors are subject to the approval of the Participant’s Court Services Officer(s). The Team shall approve any proposed change of residency and any cohabitants.

WRITTEN REQUESTS

You may make Written Requests for review by the Team. Requests must be detailed. Forms are available from your Court Services Officer(s) or at the Drug Court Office. Requests shall be submitted if you are seeking any special privileges, rule modification, or when instructed to do so by your Court Services Officer(s) or Treatment Provider(s).

PHASE PROMOTION REQUIREMENTS

The NHDC has 4 distinct phases. Phase promotion is determined by the Team through assessment of identified behavioral benchmarks. Advancement is not automatic and is not determined by set periods of time. Promotions are awarded by the Drug Court Judge.

Phase I – Stabilization and Adjustment

Promotion Criteria

- Complete minimum of 30 days house arrest (may earn up to 4hrs scheduled free time per week)
- Compliant with 9pm curfew restrictions
- Disengage from high-risk people, places, and situations
- Continually progress towards treatment goals and remain active in IOP, MRT, Aftercare, Early Recovery, and individual programs, and complete all assigned treatment tasks
- Timely completion of any required screenings and assessments
- Develop actions necessary to maintain abstinence
- Develop an individual recovery plan

- Attend a minimum of two *approved* self-help support groups per week
- Complete weekly itineraries at discretion of CSO
- Appearance at weekly Drug Court sessions
- Maintain employment, community service, or educational opportunities (32hrs per wk)
- Strive towards financial stability, as directed (court obligations, restitution, etc.)

Phase II – Action Stage

Promotion Criteria

- Compliance with 10pm curfew restrictions
- Disengage from high-risk people, places, and situations
- Continually progress towards treatment goals and remain active in IOP, MRT, Aftercare, Early Recovery, and individual programs, and complete all assigned treatment tasks
- Timely completion of any required screenings and assessments
- Following actions necessary to maintain abstinence
- Re-evaluate and adjust individual recovery plan
- Engage in approved support groups (minimum of 2 per week)
- Maintain and follow weekly itineraries at CSO discretion
- Actively participate in weekly Drug Court sessions
- Maintain stable employment, community service, or educational studies (32hrs per wk)
- Make consistent payments towards financial stability (court obligations, restitution, etc.)

Phase III: Maintenance Stage

Promotion Criteria

- Compliance with CSO curfew restrictions
- Disengage from high-risk people, places, and situations
- Continually progress towards treatment goals and remain active in IOP, MRT, Aftercare, Early Recovery, and individual programs, and complete all assigned treatment tasks
- Timely completion of any required screenings and assessments
- Follow actions necessary to maintain abstinence
- Re-evaluate and adjust individual recovery plan
- Engage in approved support groups (minimum of 2 per week)
- Maintain and follow weekly itineraries (at CSO discretion)
- Actively participate in bi-weekly Drug Court sessions
- Maintain stable employment, community service, or educational studies (32hrs per wk)
- Make consistent payments towards financial stability (court obligations, restitution, etc.)
- Involvement in pro-social activities
- Must schedule an individual session with treatment to discuss progress
- Vested in recovery (no less than 90 days abstinence)

Phase IV: Pre-Graduation

Graduation Criteria

- Have a minimum of 120 days in Phase IV
- Disengage from high-risk people, places, and situations
- Complete all assigned treatment tasks and recommendations
- Complete any required screenings and assessments
- Follow actions necessary to maintain abstinence
- Abide by individual recovery plan
- Engaging with approved support groups (minimum of 2 per week)
- Actively participate in monthly Drug Court sessions
- Maintain stable employment, community service, or educational studies (32hrs per wk)
- Make consistent payments towards financial stability (court obligations, restitution, etc.)
- Involvement in pro-social activities
- Prepare and submit graduation speech for approval
- Vested in recovery (no less than 90 days abstinence)

TERMINATION

The NHDC Team evaluates terminations on an individual basis. The Team may recommend terminating a Participant from the program for any of the following reasons:

- Concern for public safety
- Threat to the integrity of the program
- Available treatment options have been exhausted and the Participant is no longer working toward 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 NHDC Team finds sufficient for termination

If you are terminated from the Drug Court, you will be appointed an attorney and will return to your sentencing Judge on a formal probation revocation.

GRADUATION

Once you have met and maintained all benchmarks, AND after recommendation by the NHDC Team, you will be notified of your eligibility to graduate. You are required to prepare a speech and complete any required assessments and exit interviews. Graduation ceremonies are recognized as being very important events and are open to the public and the press. The ceremony will honor your hard work and recognize the efforts of the NHDC Team, support agencies, and community members.

After completing the NHDC Program and fulfilling graduation requirements, you may or may not return to traditional or standard probation. You are highly encouraged to continue attending Drug Court sessions and Drug Court activities. You are now a NHDC Alumnus and are welcome and encouraged to connect with other NHDC Alumni and NHDC Alumni activities.

POST-GRADUATION

After completing the NHDC Program and fulfilling graduation requirements, you will return to traditional or standard probation. You are highly encouraged to continue attending Drug Court sessions and Drug Court activities. You are now a Drug Court Alum and are welcome and encouraged to connect with other Drug Court Alumni and Drug Court Alumni activities.

**NORTHERN HILLS DRUG COURT
TREATMENT PROGRAM BASIC UNDERSTANDING,
WAIVERS AND AGREEMENTS**

Defendant's Name: _____

Address: _____

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

In Case of Emergency, Contact: _____

Address: _____

Telephone Number: _____

I UNDERSTAND THAT:

Before I can be accepted into 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 client by client, with the minimum time to complete all levels of programming being twelve (12) months. It may take up to two (2) years, depending on my needs, abilities, and motivation to achieve ninety (90) days of sobriety and meet Program objectives. Under no circumstances will a participant be allowed to exceed three (3) years in the Program. Upon successful completion of Drug Court, I may be ordered to complete the remainder of my program period on standard probation. (____)
5. GENERAL REQUIREMENTS: I must attend all Drug Court sessions well-groomed and professionally dressed. I must also 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 treatment fees and/or 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. TERMINATION: I may terminate my participation in 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. (____)
8. 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. (____)

9. **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 if I violate my curfew, have unauthorized visitors, or violate my weekly schedule. I will have to complete the sanctions to continue in the Program. The sanctions could include community service, a return to jail, additional drug treatment, or anything deemed appropriate by the Judge. Additionally, 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 sanctions nor do I have the right to appeal the decision of the Drug Court Judge. The Judge may also terminate me from the Program. (____)
10. **OMMISSION OF A CRIMINAL OFFENSE:** If I commit an additional criminal offense, excluding minor traffic offenses, I may be expelled from the Program. (____) C
11. **O CREDIT FOR JAIL SANCTION:** If I do not complete the Program, I may not get credit for any time that I served for Drug Court sanctions. (____) N
12. **COURT PROCEEDINGS:** The Drug Court proceedings will be informal and performed in open Court. However, participants are required to be well groomed and dressed in professional attire for all Court appearances. (____) C
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 will comply with all other rules of the Intensive Supervision Program. I am aware that my Court Service Officer(s) (CSO) and/or law enforcement will be conducting random home visits as a 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 are the primary concerns. I also 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. (____)

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. While Program officials will try to avoid unnecessary embarrassment to me, 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. **REARRESTS:** 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. **TRUTHFUL DISCLOSURE:** Acceptance in the Program is based partly on my criminal history. I have truthfully, disclosed any previous arrests and convictions. (____)
20. **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. (____)

21. **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. (____)
22. **SEXUAL HARASSMENT POLICY:** It is the policy of the Northern Hills Drug Court Program that all participants are entitled to an atmosphere that is free from any sexual harassment. Sexual harassment is any unwanted comments, gestures, writings, physical contact, and innuendo that are sexual in nature. Any participant who sexually harasses another participant or service provider will be subject to a disciplinary review and could face severe consequences, including termination from the Program. (____)
23. **NO FINANCIAL DEALINGS:** Participants in Drug Court are prohibited from having any financial dealings with other Drug Court participants while in the Program, except with prior permission. The term “financial dealings” shall include, but not be limited to, lending or borrowing money or property, purchasing or selling real or personal property, or working for each other, or exchange of gifts. A violation will result in sanctions for all involved participants. (____)
24. **WAIVER OF RIGHT TO REMAIN SILENT:** I give up my right to remain silent. I agree to fully and *HONESTLY* participate in all Drug Court meetings. (____)
25. **PHOTOGRAPH:** I agree to have my photograph taken for Drug Court files. (____)
26. **ALCOHOL/DRUG TREATMENT AND COUNSELING:** I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling. (____)
27. **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. (____)

28. EMPLOYMENT/EDUCATION/JOB TRAINING: I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. (____)
29. GAMBLING: I will not gamble nor enter any gambling establishments where the primary source of revenue is gaming funds without the permission of my supervising officer. (____)
30. 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. (____)
31. 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. (____)
32. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Drug Court Judge for all purposes, including sanctions. (____)

SIGNATURE OF DEFENDANT

DATE

I have reviewed this with the Defendant and believe he/she understands it fully and completely. He/she voluntarily agrees to participate in the Drug Court Program.

SIGNATURE OF DEFENSE ATTORNEY

DATE

APPENDIX B

| | | |
|-----------------------|---|------------------|
| STATE OF SOUTH DAKOTA |) | |
| |) | IN CIRCUIT COURT |
| COUNTY OF |) | JUDICIAL CIRCUIT |

| | | |
|-------------|---|------------------------|
| TO: |) | CONDITIONS |
| |) | OF |
| Probationer |) | ADULT PROBATION |
| |) | |
| |) | DOCKET NO: |
| Address |) | |

In accordance with the order suspending imposition of sentence dated the _____ day of _____, 20____, incorporated herewith, you have been placed on probation for a period of _____ by the Honorable _____, Circuit Court Judge, in and for _____ County, South Dakota. Therefore, it is the order of the Court that you shall obey the following conditions of probation:

**STANDARD CONDITIONS OF ADULT PROBATION
(imposed on all cases)**

1. You shall obey all federal, state, and tribal laws and municipal ordinances. You shall personally contact your Court Services Officer within 24 hours, excluding weekends or legal holidays, if you are questioned, arrested or cited by law enforcement authorities. You shall not drive a motor vehicle unless lawfully licensed and insured.
2. You shall be subject to the Unified Judicial System's Application of Supervisory Responses (ASR) Grid. You may seek review of any moderate or serious sanction imposed by your Court Services Officer by requesting review by the Chief Court Services Officer.
3. It is necessary for you It is not necessary for you to maintain employment or be engaged in a specific program approved by your Court Services Officer. In the event you lose your job or are terminated from a program, you shall notify your Court Services Officer within 48 hours. You shall support your dependents to the best of your ability.
4. You shall obtain advanced permission from your Court Services Officer prior to changing your phone number, employment, educational or residence status.
5. You shall remain within the boundaries of this state unless you have secured written permission _____ days in advance from your Court Services Officer.
6. You shall not own, possess, purchase, receive, sell or transport any firearms, ammunition or explosive device or any dangerous weapons as defined by federal, state, or municipal laws or ordinances.
7. You shall not miss any appointments with your Court Services Officer, and comply with their instructions and be prompt and truthful with any questions which may be asked of you.
8. You shall advise your current and any future employers, including temporary positions, of your probation and the nature of your crime to allow for communication between employer and court services officer for the purpose of setting up wage assignments or inquiry about other job related issues.
9. You shall allow Court Services to take and control a picture of yourself for identification and record keeping purposes.

10. You shall not have affiliation with any gangs, their members or associates, and that you not wear or present gang clothing or signs.
11. If you have been convicted or received a suspended imposition of sentence for the commission of a sex crime as defined in 22-24B-1, you shall register as a sex offender within 3 business days after conviction or coming into this area pursuant to SDCL 22-24B-2. If you have been arrested for a felony, a crime of violence under SDCL 22-1-2(9) or a sex offense under SDCL 22-22, you shall provide a DNA sample upon booking or as determined by the supervising agency. If it is determined that your DNA is already on the State DNA Database, no additional sample is required.
12. You shall successfully complete any substance abuse or mental health evaluation, counseling, treatment, or aftercare as directed by the Court or your Court Services Officer and consent to any treatment plan deemed necessary by your court services officer to assist you in being successful while on probation.
13. Pursuant to SDCL 23A-27-47, the Court Services Department may release information to any mental health program or counselor, chemical dependency program or counselor, or to any agency to whom you have been referred as necessary to ensure compliance with probation and court ordered conditions.

ADDITIONAL CONDITIONS (please check all that apply)

14. You shall not consume alcoholic beverages nor enter establishments where alcohol is the primary item for sale.
15. You shall not possess, consume, or be present where any controlled substances are used (including drug paraphernalia) without a current prescription from a physician from whom you are receiving medical treatment. Verification of any prescribed medication must be provided to your Court Services Officer upon request.
16. You shall not participate in games of chance or enter establishments where gambling is present.
17. You shall submit to testing of blood, breath, urine, or other bodily fluids as directed by the Court or your Court Services Officer and be responsible for all costs of testing.
18. You shall submit your person, residence, vehicle, or property to warrantless search and seizure as directed by the Court or your Court Services Officer.
19. Pay the following to the Clerk of Courts, _____

(address)

| | | | |
|----------|---------------------------------|--|--|
| \$ _____ | Restitution | <input type="checkbox"/> individually liable | <input type="checkbox"/> jointly and severally responsible |
| \$ _____ | Court costs | | |
| \$ _____ | Fine | | |
| \$ _____ | Blood/drug/DNA/transcript costs | | |
| \$ _____ | Court appointed attorney fees | | |
| \$ _____ | Other _____ | | |

Payments of \$ _____ per month starting _____ and continuing during probation until paid in full.

20. If you request to transfer your probation to another state, you must pay a \$50 Transfer Application fee. If your case is approved for transfer through the interstate compact process, you shall comply with all other conditions of the receiving state.

- 21. You shall perform _____ hours of community service work at/for _____ to be completed by _____, 20 _____. Pursuant to SDCL 23A-28-11 you are not an agent or employee of the recipient of these services. Any recipient of community service restitution, described in subdivision 23A-28-2 (1), does not have to provide you with unemployment compensation insurance or worker's compensation insurance. Work sites and employees are immune from any cause of action for civil damages brought by the defendant or any third party if the cause of action arises from any act, except when the cause of action is the result of gross negligence or willful and wanton misconduct of the recipient or the work site.
- 22. You shall successfully complete any sex offender evaluation, counseling, treatment or aftercare as directed by the Court and consent to any treatment plan deemed necessary by your court services officer to assist you in being successful while on probation.
- 23. Sex Offender Conditions Addendum. (See attached UJS 626)
- 24. You shall successfully complete the HOPE Probation Supervision Program.
 You shall be allowed to transfer your HOPE Probation Supervision Program to the HOPE Probation Supervision Program in _____ County. The receiving county will be responsible for imposing appropriate sanctions without the prior approval of the sending county. However, any proceedings on a formal petition to revoke probation will be handled by the sending (original) sentencing Court.
- 25. Other Conditions: _____

Dated this _____ day of _____, 20 _____

BY THE COURT:

ATTEST:

Circuit Court Judge

_____, Clerk

_____, Deputy

I have received, understand, and agree to the foregoing conditions of probation and that the conditions may be amended during my probation. I understand that my Court Services Officer has the responsibility and authority to enforce the conditions of probation and notify the Court of any violations of these conditions. I also understand that if I violate my probation conditions, the Court can revoke my probation and enter a new disposition.

Dated this _____ day of _____, 20 _____

Defendant

Date

Court Services Officer

Date

NORTHERN HILLS DRUG COURT
CHECKLIST FOR DEFENSE ATTORNEYS

If you have a client who you think is appropriate for the drug court program, do the following:

1. Have your client fill out the Application for drug Court. The Application is attached. The Application should be turned in to Court Services in Rapid City or the drug court office in Sturgis.
2. You should notify the drug court services officer that your client has applied to drug court. In the 7th Circuit, contact Robert Hall or Nicole Drew at 394-2595. In the 4th Circuit, contact Chris Pankratz or Jayna Frederickson at 347-7648. Court Services will then notify the State's Attorney that your client is applying to drug court. If the State's Attorney vetoes the Application, your client is ineligible for drug court.
3. Contact Compass Point in Sturgis, or City/County Alcohol and Drug Programs in Rapid City to arrange for your client to undergo a chemical dependency evaluation. The evaluator should be informed the evaluation is for possible admission to drug court. Your client will need to sign a release to court services. If the evaluation is done at City/County, your client will also need to sign a release to Compass Point, the drug court treatment provider.
4. Educate your client on drug court. Drug court is an intense and rigorous program and not all clients are sufficiently motivated to be successful in the program. Provide him or her with the Participant Handbook, a copy of which is attached.
5. Your client will then plead guilty to the charge or charges (or admit the probation violation). Consider waiving the preparation of a presentence investigation (PSI) report. The sooner participants enter Drug Court after an arrest or probation violation, the better the results. It is important to resolve the legal proceedings and get the client into Drug Court without unnecessary delays.
6. You will be contacted by one of the drug court service officers and asked to supply certain information about your client to the drug court team.
7. The drug court team will then vote on whether your client is admitted to drug court.
8. If your client is accepted into drug court, you will be notified and the drug court defense attorney will meet with you and your client to review and sign the Basic Understanding, Waiver and Agreements and answer your client's questions about the program. A copy of the Waiver is an appendix to the attached Handbook.
9. Your client will appear for sentencing. **ACCEPTANCE INTO DRUG COURT DOES NOT GUARANTEE THAT THE JUDGE WILL SENTENCE YOUR CLIENT TO DRUG COURT.**
10. If sentenced to drug court, your client will become an active participant after any jail or penitentiary time and any inpatient treatment ordered by the sentencing judge.

If you have questions or concerns, please contact the drug court office at 347-7648 or Attorney Bruce Hubbard at 347-2551.

APPENDIX E

(WEEKLY ITINERARY) NAME _____ DATE(S) _____

| | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY | MONDAY | |
|----------|-----------------|-----------|----------|--------|----------|--------|--------|----------|
| 6-7 AM | -- NEXT WEEK -- | | | | | | | 6-7 AM |
| 7-8 AM | | | | | | | | 7-8 AM |
| 8-9 AM | | | | | | | | 8-9 AM |
| 9-10 AM | | | | | | | | 9-10 AM |
| 10-11 AM | | | | | | | | 10-11 AM |
| 11-Noon | | | | | | | | 11-Noon |
| 12-1 PM | -- NEXT WEEK -- | | | | | | | 12-1 PM |
| 1-2 PM | | | | | | | | 1-2 PM |
| 2-3 PM | | | | | | | | 2-3 PM |
| 3-4 PM | | | | | | | | 3-4 PM |
| 4-5 PM | | | | | | | | 4-5 PM |
| 5-6 PM | | | | | | | | 5-6 PM |
| 6-7 PM | | | | | | | | 6-7 PM |
| 7-8 PM | | | | | | | | 7-8 PM |
| 8-9 PM | | | | | | | | 8-9 PM |
| 9-10 PM | | | | | | | | 9-10 PM |

ALL CHANGES TO YOUR ITINERARY ARE SUBJECT TO ADVANCE APPROVAL OF YOUR COURT SERVICE OFFICER. YOU SHALL OBTAIN APPROVAL PRIOR TO MAKING ANY DEVIATIONS TO YOUR AGENDA. ITINERARIES SHALL BE FULL AND COMPLETE.

APPENDIX F

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 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 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

APPENDIX G

Drug Court 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 Drug Court Office in the Meade County Court House.
 3. **Once application is received** by the Drug 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.
 - Drug Court Publicity Consent Form
 - Drug Court Treatment Program Basic Understanding, Waivers and Agreements
 - Drug Court Participant Manual Receipt and Acknowledgement
 - South Dakota Prescription Drug Monitoring Program



Unified Judicial System

Application to _____ Drug Court Program

_____ 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 | |
| <p>"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."</p> | | | |
| _____ Defense Attorney Signature Date | | _____ Applicant Signature Date | |