

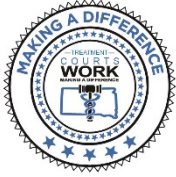


Application Process for Treatment Court

1. The Prosecutor completes the Entrance Criteria Checklist by date of circuit court arraignment or sooner to confirm you are eligible to apply.
2. You and your attorney must complete the application and provide it to the Coordinator. Apply as soon as you've been arrested or violate probation; submit your application on or before the date of your circuit court arraignment.
 - a. You can find the application on the Unified Judicial System's website:
<https://ujs.sd.gov/uploads/drugcourt/NorthernHillsPSCApplication.pdf>
 - b. Deliver or email your application to Rick Olauson, Coordinator, at the Meade County Courthouse (richard.olauson@ujs.state.sd.us)
3. You must schedule and complete a LSI-R and/or IDA assessment with the P-SC Court Services Officer (CSO).
4. If you further qualify based on your LSI-R score, a Treatment Needs Assessment (TNA) must be scheduled and completed. You will sign a release of information to the Drug/DUI Court Team.
5. The Drug Court or DUI Court Team will discuss your application.
6. The Drug or DUI Court Judge will approve or deny your application. If approved, then the Drug or DUI Court program becomes a sentencing option for you in circuit court and you will be sentenced as soon as possible.

****Every reasonable effort will be made by the Drug Court or DUI Court Team to ensure that the time between arrest and entry into the Program is less than 50 days. ****

****You must reside in our service area. If you are homeless, you must discuss your plan for housing with the Coordinator. ****



Unified Judicial System Northern Hills Drug and 4th Circuit DUI Court Application

Return to Treatment Court Coordinator, Rick Olason at Richard.olason@ujis.state.sd.us

Date of Application:		Referring Party:	
Disability accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes		Accommodations Needed:	
Interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes		Language Needed:	
Full Name:		Date of Birth:	
Other Names Used:		Gender:	
Race:		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic <input type="checkbox"/> Unknown	
Phone Number:		Email Address:	
Current living arrangements: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> With Friend/Family <input type="checkbox"/> Jail <input type="checkbox"/> Homeless			
Address:			
City:		State:	Zip Code:
Next of Kin:		Relationship:	
Address:		Phone Number:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Co-Habiting			
Significant Other:			
Address:		Phone Number:	
Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes-Significant Other		Paying Child Support: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
Number of Children Under Age 18:		Number of Children Over Age 18:	
Children			
Full Name:	Date of Birth:	Full Name	Date of Birth:
Other Members of the Household			
Full Name:	Full Name:	Full Name:	
Driver's License Status: <input type="checkbox"/> None <input type="checkbox"/> Expired <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended <input type="checkbox"/> Valid <input type="checkbox"/> ID ONLY			
Driver's License Number:		State:	
State ID Number:		State:	
Highest Grade Completed:		<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> College Degree	

Service the Military or Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes		Received Veterans Services? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Branch:		Discharge Date:	
Rank at Discharge:		Discharge Reason:	
Primary Source of Income:		Monthly Income: \$	
Employer:		Supervisor:	
Address:		Phone Number:	
Assistance/Benefits: <input type="checkbox"/> None <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> VA <input type="checkbox"/> LIEAP <input type="checkbox"/> Child Support <input type="checkbox"/> SSI SSD <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Unemployment <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Other			
Drugs of Choice: 1) _____ 2) _____ 3) _____			
Current IV Drug Use: <input type="checkbox"/> No <input type="checkbox"/> Yes		History of IV Drug Use: <input type="checkbox"/> No <input type="checkbox"/> Yes	
History of Overdose: <input type="checkbox"/> No <input type="checkbox"/> Yes		Drug of Overdose: _____	Date of Overdose: _____
Previous Treatment: <input type="checkbox"/> None <input type="checkbox"/> Detox <input type="checkbox"/> Inpatient <input type="checkbox"/> IOP <input type="checkbox"/> Outpatient <input type="checkbox"/> Jail-Based <input type="checkbox"/> Individual <input type="checkbox"/> Co-Occurring <input type="checkbox"/> Inpatient Mental Health <input type="checkbox"/> Outpatient Mental Health			
Currently in Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes		Where: _____	
Treatment Needs Assessment completed within the past 6 months: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Mental Health Provider:		Medical Provider:	
List all MENTAL HEALTH diagnoses:		List all MEDICAL conditions:	
List all MENTAL HEALTH medications:		List all MEDICAL medications:	
Age of First Arrest: _____		Gang Affiliation: _____	
Number of lifetime MISDEMEANOR arrests:		Number of lifetime FELONY arrests:	
Number of lifetime MISDEMEANOR convictions:		Number of lifetime FELONY convictions:	
Current Charges:			
Defense Attorney:			
Are you currently on probation? <input type="checkbox"/> No <input type="checkbox"/> Yes		Probation Officer: _____	
Previous Treatment Court Participation? <input type="checkbox"/> No <input type="checkbox"/> Yes		Court: _____	When: _____
Have you ever been sentenced to prison: <input type="checkbox"/> No <input type="checkbox"/> Yes		When: _____	
<p>The Treatment Court Team needs to determine whether you are eligible for the program. By signing this application, you agree to let team members share your information before you plead guilty. The information shared will include application information and your risk and needs assessments.</p>			
Applicant Signature _____		Date _____	
Defense Attorney Signature _____		Date _____	