

Northern Hills Drug Court & 4th Circuit DUI Court

Problem Solving Court (P-SC)

Participant Handbook

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Mission of the Drug Court and DUI Court Programs

The mission of the Northern Hills Drug Court & the 4th Circuit DUI Court is to break the cycle of addiction, foster healthy families and lifestyles, promote long-term recovery, reduce drug and alcohol related crimes, enhance public safety and efficiently use public funds.

Introduction to Programs

Drug Court and DUI Court programs are alternatives to going to prison in South Dakota. Each program gives a person battling addiction the chance to enter long-term drug and alcohol treatment under the strict supervision of trained professionals. The length of the program is determined by the needs of each person; however, participants are expected to dedicate no less than 14 months to treatment and intensive probation.

The Drug Court and DUI Court programs work with each participant to reach many life-changing goals by the time he or she finishes the program. Some of these goals include:

- Freedom from all mind-altering substances
- Successful completion of treatment programs
- A safe and stable place to live
- A healthy work environment or enrollment in school
- A crime-free lifestyle
- Ability to manage money and pay bills
- A stable social network made up of positive people, places and things to do.

Is the Drug Court or DUI Court program right for you? This Handbook will tell you everything you need to know about each program. Each program is voluntary. If you qualify, then you may apply to Drug Court or DUI Court.

Are you eligible to apply for the Drug Court or the DUI Court Program?

You qualify for Drug Court or DUI Court if you:

1. Have plead guilty to a felony charge or have admitted to the petition for probation revocation;
2. Have an updated drug and alcohol evaluation and a diagnosis of substance; dependency or other qualifying addiction related diagnosis;
3. Score as high-risk and high-need when assessed for the program (if you are applying for the DUI Court program a medium-risk and medium need will be considered case by case, at the discretion of the DUI Team);
4. Live within a pre-approved area within the 4th Judicial Circuit (you might have to move);
5. Are 18 years or older;
6. Do not have a current charge of drug distribution;
7. Are not required to register as a sex offender;
8. Do not have a current or past conviction for a violent crime, and;
9. The States Attorney agrees you are eligible for Drug Court or DUI Court.

If you qualify, then you may apply to the program that is right for you.

How do you apply to the Drug Court or the DUI Court Program?

You must follow these steps when you apply to Drug Court or DUI Court:

1. You must complete the application and provide it to the Coordinator.
2. Your defense attorney must provide a copy of your criminal history and he/she may be asked to provide additional documents to the Coordinator.
3. You must schedule and complete a drug and alcohol evaluation and sign a release of information to the Drug/DUI Court so your results can be provided to the Coordinator.
4. You must complete a LSI-R or CARS assessment with a Court Services Officer (CSO). The Coordinator will arrange this assessment unless your CSO has already completed it.
5. You must have a pre-interview with the Coordinator. The Coordinator will arrange this interview with you.
6. The Drug Court or DUI Court Team must approve your application.
7. If the Team accepts your application, then Drug Court or DUI Court becomes a sentencing option for you in Circuit Court.

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

Court Sessions

Throughout the program, you will be asked to attend court sessions. Before the court session, a team of professionals will share information concerning your case to decide what will best support your continued sobriety. The Team includes a judge, lawyers, court service officers, treatment professionals, a coordinator, and law enforcement. At each of your hearings, the Judge will ask you questions about your life and your progress in the program. Some of these questions may include: have you attended all treatment and counseling sessions; have you passed your drug or alcohol tests; have you been going to work; and what changes you are making in your life. If you do well, the Judge could give you an incentive. If you violate any of the rules of the program, the Judge may sanction you.

You must go to court sessions. You are required to be well groomed and dressed in professional clothing for all court appearances. You will stay in court while all the other people in the program talk to the Judge. When you are in court, you are encouraged to support fellow participants by clapping. The court sessions are open to the public.

Confidentiality

You must sign a release that says the Drug Court or DUI Court Team may share information about how you are doing during the team meetings.

Participant's rights

If you agree to enter either the Drug Court or DUI Court program, you agree to give up your right to a usual court proceeding, like questioning or disputing the legality of a search, seizure, or traffic stop; a preliminary hearing; and a trial. Your attorney can explain this in detail if you have any questions.

Drug and Alcohol testing

To help you stay drug and alcohol free, you will be randomly tested for drug and alcohol use in the presence of a trained professional. Sometimes this will happen every day. It could even happen twice in the same day. Drug testing will be often and may be on evenings, weekends and holidays. You must show up when you are notified to test. Your name will be checked with the South Dakota Prescription Drug Monitoring Program to make sure you are not abusing prescription medications. While in the Program, you are not allowed to consume any mind-altering substance unless you have a current valid prescription from a licensed physician.

You may be required to participate in the 24/7 program (SCRAM, Remote Breath, PBTs); and you may be responsible for all associated costs. If you are ordered to pay a cost for testing, you must pay any amount owed in full before you will be approved to graduate from the program.

Phases of Drug Court & DUI Court

Both programs have 5 phases. Examples of each phase are explained in detail on the next few pages. You are required to complete a written phase application and provide it to the Team to advance through the phases and to graduate. The Judge decides if and when you move to the next phase. The amount of time you are in the program depends on how well you do.

Phase 1 = Minimum of 60 days

- Follow the 9:00 P.M. curfew restrictions (Court Services Officer (CSO) discretion)
- Show up, try and be honest
- Go to court weekly
- Go to, share, and follow your treatment program requirements to include Individual counseling as recommended
- Follow your CSO's requirements
- Comply with random drug and alcohol testing
- Go to at least 2 self-help group meetings each week and provide proof of your attendance
- Look for or maintain a stable place to live
- Start changing social media, people, places and things
- Keep and use a daily planner and bring to all court sessions
- Begin the process of finding a sponsor or mentor
- If required: follow all rules of the 24/7 Sobriety Program

To advance to Phase 2 -

- You must have regular attendance at treatment
- You must be free from alcohol and drugs a **minimum of 14 days in a row at the time you submit your phase application**
- You must complete a written phase application and provide it to the Team

Phase 2 = Minimum of 90 days

- Follow the 10:00 P.M. curfew restrictions (CSO discretion)
- Show up, try and be honest
- Go to court weekly
- Follow treatment program requirements (including individual counseling as recommended)
- Follow your CSO's requirements
- Comply with random drug and alcohol testing
- Go to at least 2 self-help group meetings each week and provide proof of attendance
- Have a safe and stable place to live
- Stay away from high risk people, places, and situations (including social media)
- Use a daily planner and bring it to all court sessions
- Keep a job or do volunteer service work and/or attend school or GED (minimum of 20 hours per week)
- Get a sponsor or mentor
- If required: follow all rules of the 24/7 Sobriety Program

To advance to Phase 3:

- You must have regularly attended treatment
- You must be free from alcohol and drugs a **minimum of 30 days in a row at the time you submit your phase application**
- You must complete a written phase application and provide it to the Team

Phase 3 = Minimum of 90 days

- Follow the 11:00 P.M. curfew restrictions (CSO discretion)
- Go to court every other week
- Follow treatment program requirements (including individual counseling as recommended)
- Follow your CSO's requirements
- Comply with random drug and alcohol testing
- Go to at least 2 self-help group meetings each week and provide proof of attendance
- Maintain stable approved housing
- Stay away from high risk people, places, and situations (including social media)
- Use a daily planner and bring to all court sessions
- Keep a job or do volunteer service work and/or attend school or GED (minimum of 30 hours per week)
- Find a positive social activity/get involved in the community
- Make monthly payments toward court costs, fines, restitution, attorney fees and 24/7 program
- If required: follow all rules of the 24/7 Sobriety Program

To advance to Phase 4:

- You must have regularly attended treatment
- You must be free from alcohol and drugs a **minimum of 45 days in a row at the time you submit your phase application**
- You must complete a written phase application and provide it to the Team

Phase 4 = Minimum of 90 days

- Follow the 11:00 P.M. curfew restrictions (CSO discretion)
- Go to court monthly
- Follow treatment program requirements (including individual counseling as recommended)
- Follow your CSO's requirements
- Comply with random drug and alcohol testing
- Go to at least 2 self-help group meetings each week and provide proof of attendance
- Maintain stable approved housing
- Stay away from high risk people, places, and situations (including social media)
- Keep and use a daily planner and bring to all court sessions
- Keep a job or do volunteer service work and/or attend school or GED (minimum of 30 hours per week)
- Continue to be involved in a positive social activity/involvement in the community
- As recommended, complete a parenting class, life skills class or budgeting/financial class by the end of Phase 5
- Attend a Victim Impact Panel by the end of Phase 5
- Make monthly payments toward court costs, fines, restitution, attorney fees and 24/7 program
- If required: follow all rules of the 24/7 Sobriety Program

To advance to Phase 5:

- You must have regularly attended treatment
- You must be involved in a positive social activity/involved in the community
- You must have maintained a job and a place to live
- You must be free from alcohol and drugs a **minimum of 90 days in a row at the time you submit your phase application**
- You must complete a written phase application and provide it to the Team

Phase 5 = Minimum of 90 days

- Follow the 11:00 P.M. curfew restrictions (CSO discretion)
- Go to court monthly
- Follow treatment program requirements (including individual counseling as recommended)
- Follow your CSO's requirements
- Comply with random drug and alcohol testing
- Go to 2 self-help group meetings each week and provide proof of attendance
- Maintain stable approved housing
- Stay away from high risk people, places, and situations (including social media)
- Keep and use a daily planner and bring to all court sessions

- Keep a job or do volunteer service work and/or attend school or GED (minimum of 30 hours per week)
- Continue to be involved in a positive social activity/involvement in the community
- Complete a parenting class, life skills class or budgeting/financial class as recommended
- Complete a Victim Impact Panel
- Make monthly payments toward court costs, fines, restitution, attorney fees and 24/7 program
- If required: follow all rules of the 24/7 Sobriety Program

To graduate:

- You must be sanction free in Phase 5
- You must be free from alcohol and drugs a **minimum of 90 days in a row at the time you submit your graduation application**
- You must have regularly attended treatment, completed all treatment programs and sessions recommended, as identified in your individualized treatment plan
- You must be involved in a positive social activity, involved in the community, or have established a hobby that will support your long-term recovery
- You must be working with your sponsor or mentor
- You must have a steady job and a stable place to live
- You must turn in the Graduation Application to the Coordinator and have a Readiness Interview with the Team
- You must complete an Exit Survey
- You must have completed a parenting class, life skills class or budgeting/financial class and provide proof of completion
- You must attend a Victim Impact Panel and provide proof of attendance
- You must have paid all treatment costs
- You must have made consistent payments on your court costs and fines and any other financial obligation ordered by the court
- You must have approval by the PS-C Judge to graduate
- You must attend court on Commencement day and participate in the Commencement Ceremony

Graduation from the Drug Court or DUI Court Program

You must have:

- Completed 90 days in Phase 5;
- At the time of the commencement ceremony, have 90 days in a row of sobriety;
- Completed all treatment;
- Made regular payments on fines, court costs and court-appointed attorney fees;
- Have a job or be in school;
- Have safe and stable housing;
- Participated in the Drug or DUI Court Program for at least 420 days;
- Have a positive social activity and/or be involved in the recovery community;
- Turned in your commencement application and participated in a readiness interview with the Drug Court or DUI Court Team; and
- Be approved to graduate by the PS-C Judge.

The Drug and DUI Court Programs have commencement ceremonies for participants who successfully complete the program. This event represents an important milestone for graduates as they continue the rest of their lives in permanent recovery. During the ceremony, graduates will give a speech and will be congratulated by the Team for successfully finishing the Program. Loved ones and friends are invited to attend.

If I am in the DUI Court Program, when can I start driving?

You are not allowed to drive until you get a restricted driving permit. To get a permit you must:

1. Have a minimum of 30 days in DUI Court;
2. Have a minimum of 30 days of sobriety when you apply
3. Complete a court-approved addiction treatment program;
4. Complete a written Request to the Team and attach the treatment completion certificate;
5. Have an SR-22 and proof of insurance;
6. Have DUI Team approval;
7. Have Circuit Judge approval; and
8. Participate in the 24/7 Sobriety Program as soon as you start driving.

Incentives

You may earn incentives, or rewards, when you show positive behavior or change.

Types of Incentives

Incentives may include (but are not limited to) the following:

- Promoting to the next phase
- Drawing for gift cards
- Assistance with vehicle repairs
- Decreased supervision
- Allowed to leave court early
- Medal to mark milestones
- Payment towards 24/7 Sobriety Program
- Money for living expenses
- Payment towards a Parenting Class
- Applause in court
- Praise from the Judge and the Team
- Paid minutes for cell phone
- Payment for GED testing
- School supplies
- Assistance with medical expenses

Therapeutic Adjustments

Therapeutic adjustments are treatment-oriented responses for substance use in both the Drug Court and DUI Court programs. You must follow all treatment recommendations.

Types of Therapeutic Adjustments

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

- Increased self-help meetings
- Increased drug/alcohol testing
- Journaling
- Motivational interview exercises
- Assess need for medication
- Increased court appearances
- Modification of treatment plan
- In-Patient Treatment
- Any other interventions that treatment recommends

Violations and Sanctions

You may be sanctioned if you violate any Drug or DUI Court rules, policies or orders. You can expect the more serious the violation, then the more severe the sanction. Sanctions are given to hold you accountable for your actions, encourage you to meet your treatment goals and to support you on your journey towards recovery.

Any violations of the Drug or DUI Court Program rules, policies, or court orders may result in the immediate imposition of sanctions by your CSO or the Court.

Types of Sanctions

Sanctions may include (but are not limited to) the following:

- Increased reporting to CSO or Treatment
- Additional drug testing
- Temporary jail
- Delay in phase promotion
- Temporary phase demotion
- Written assignments
- Verbal reprimand
- Community services hours
- House arrest
- Increased court appearances
- Community Service Work
- Electronic monitoring
- Daily written schedule
- Stricter curfew
- Loss of clean time
- Daily journal
- Loss of driving privileges
- Termination from the program



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What happens when I don't follow the rules of the Drug or DUI Court Program?

To continue in the program, participants must show up, be honest, and try. If you chose not to do these things, or if you do not follow the rules of the program, you may be sanctioned. At any point, if you do not follow the rules, you may be terminated. Any member of the Team can start the termination process by asking for a termination hearing. The Judge decides after listening to everyone on the team if a termination hearing should be held. If a termination hearing is held, the Judge then makes the final decision to terminate or keep you in the program. If you are terminated, you will appear before your circuit court sentencing judge after the prosecutor files a request to revoke your suspended sentence.

Reasons for termination may include (but are not limited to) the following:

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



Process for Termination

1. A member of the Team makes a recommendation to terminate.
2. The Court Services Officer will provide you with written notice explaining why you are facing termination from the program. You have the right to have a termination hearing and an attorney to assist you with the hearing.
3. You will address the Team about termination at your termination hearing, usually scheduled for the next court session.
4. The Team will discuss termination with the Judge, who then makes the final decision after hearing from you and members of the Team.
5. If you are terminated, the Judge will advise you of your rights concerning potential probation revocation and will appoint an attorney to help you in circuit court if you request one.

Voluntary Removal

You can ask to be taken out of the Drug Court or DUI Court Program. If you remain outside of Court Services' supervision for more than 30 days while in the Drug and DUI Court Program, you may have voluntarily removed yourself from the program.

Fees

Court Related Fees

You are required to keep up with your payments for court related fees while in the program. This includes past and present fees that you have from any court. You can set up a payment plan with the Clerk of Court in any county you owe fines and court costs. You can set up a payment plan with the County Auditor in any county you owe court-appointed attorney fees.

The court related fees may include (but are not limited to) the following:

- Fines and court costs
- Child support
- Restitution
- Crime Victim Fund
- Court-appointed attorney fees

If you want to promote to each phase and graduate from the program, you must prove that you are making payments. The Judge will ask you about payments in court.

Program Related Fees

You might have to pay for testing, monitoring, and treatment while in the program. Failure to make timely payments could result in delayed completion of the program.

The program fees may include (but are not limited to) the following:

- Lab costs associated with UA's
- 24/7 Sobriety Program (PBT's, SCRAM, Remote Breath)
- Interlock
- Treatment
- Drug patches
- Reimbursement of program loans

**SHOW UP.
BE HONEST.
TRY.**



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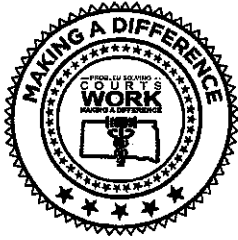
Application

Application Process

1. Read through the Participant Handbook with your defense attorney.
2. Fill out and submit the following application to the Drug Court Office, located in the Meade County Court House.
3. **Once application is received** by the Problem-Solving Court (P-SC) you will be required to keep two scheduled appointments. These appointments must be completed before the Team will further consider your application:
 - The P-SC will call you to schedule a LSI-R or CARS (Risk/Needs Assessment)
 - You or your defense attorney will need to call and 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 P-SC**, the defense attorney on the PS-C Team will have you complete the following forms, which are included in the Participant Handbook:
 - Problem-Solving Court Publicity Consent Form
 - Consent for Disclosure of Confidential Substance Abuse Treatment Information
 - Problem-Solving Court Treatment Program Basic Understanding, Waivers and Agreements
 - Problem-Solving Court Participant Manual Receipt and Acknowledgement
 - South Dakota Prescription Drug Monitoring Program



Application to 4th Circuit Drug or DUI Problem-Solving Court (P-SC) Program

Date of Application: _____

Do you need disability accommodations? Yes No

If yes; please state request: _____

Will an interpreter be needed? Yes No If Yes; what language? _____

Name:	
Alias:	
Race:	
Sex:	
Date of Birth:	
Current Address:	
City:	
State:	
Zip Code:	
Other States you have lived in:	
How long at current address?	
Current Phone Number:	

Are you an Armed Forces Veteran? Yes No

State ID #: _____

Valid Driver's License? Yes No # _____

Reliable Transportation? Yes No

Do you have children? Yes No If so how many? _____

Do you pay child support? Yes No How Much? \$_____

Significant Other Full Name:

Date of Birth:

Do they have criminal court involvement? Yes No

If Yes – What? _____

Other Members in your home:

Name (First, Middle, Last):	DOB:	Criminal Involvement	What?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Next of Kin Name:			
Relationship:			
Current Telephone:			

Do you receive disability? Yes No How Much? _____

Are you working? Yes No

Employers Name:

Employers Phone Number:

Hourly Wage:	
Monthly Income:	

Are you an Addict? Yes No

What is your Primary Drug of Choice? _____

Primary Physician:	
Clinic Address:	
Clinic Phone:	
Do you have a Mental Health Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List All Mental Health Diagnosis:	
Do you take Psychotropic Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all Psychotropic Medications:	
Have you completed a Drug and Alcohol Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When:	Where:
LSI-R/CARS Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	When:
LSI-R/CARS Score:	
Highest Grade Completed:	<input type="checkbox"/> GED <input type="checkbox"/> High School Graduation
Skill or Trade:	
Certification or Degree:	

Currently on Probation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Probation Officer Name:	

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

If Yes; what are the charges? _____

Have you been sentenced to a Problem-Solving Court Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When:	
Where:	
Have you been sentenced to the Penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	

***" The defendant consents to the disclosure of Problem-Solving Court Application Information including a Risk/Needs Assessment, prior to entry of a plea, purposes of obtaining information useful for acceptance into the Problem-Solving Court Program." **

Defense Attorney Name:	
Defense Attorney Signature:	
Defense Attorney Address:	
Defense Attorney Telephone:	
Date:	
Applicant Signature:	
Date:	



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CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

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

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

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

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

These communications may be disclosed among the following parties or agencies involved in the Problem-Solving Court Program: the Problem-Solving Court judge, the Problem-Solving Court team members, the employees engaged in the Problem-Solving Court operations and administration, court services officers in the Problem-Solving Court Program, treatment providers utilized by me during the Problem-Solving Court Program, the Problem-Solving Court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Problem-Solving Court Program.

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

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

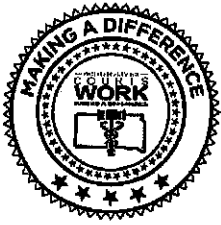
I further understand that as an essential component of the Problem-Solving Court Program summary information about my compliance or non-compliance will be discussed in an **open and public courtroom**, including but not limited to, whether I have attended all meetings, treatment sessions, the results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

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

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

_____ Date _____
Problem-Solving Court Participant

_____ Date _____
Witness



Publicity Consent /Release Form

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

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

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

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

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

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

Signature:	
Date:	

**NORTHERN HILLS DRUG COURT & 4th CIRCUIT DUI COURT (P-SC)
TREATMENT PROGRAM BASIC UNDERSTANDING,
WAIVERS AND AGREEMENTS**

Defendant's Name: _____

Address: _____

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

Circle which program you've been accepted into: Drug Court or DUI Court

I UNDERSTAND THAT:

Before I can be accepted into the 4th Circuit Problem-Solving Court (P-SC), 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 P-SC Treatment Program enumerated below:

1. **LEGAL WAIVER:** I do hereby release and forever discharge the complaining witnesses, victim(s), the P-SC Court Judge, the State's Attorney's Office, the Defense Attorney on the P-SC Team, the Court Service Officer(s), the P-SC 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 P-SC 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 P-SC Program. (____)

2. **RELEASE OF INFORMATION:** I agree to complete a diagnostic evaluation for the development of my Drug/Alcohol 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 P-SC Team. The Team and Court may consider any such information in deciding whether I remain in the P-SC Treatment Program. (____)

3. **STATUS OF PROGRAM:** I have no legal right to participate in the P-SC 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 average time to complete all levels of programming, taking a minimum of 420 days. The length depends on my needs, abilities, and motivation to achieve ninety (90) days of sobriety and meet Program objectives. Upon successful completion of P-SC, I may be ordered to complete the remainder of my probation period on standard probation. (____)

5. GENERAL REQUIREMENTS: I must attend all P-SC sessions well-groomed and professionally dressed. I must also attend treatment sessions, pass repeated drug/alcohol 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 P-SC 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: I must attend community support group meetings as part of my treatment plan. Secular group alternatives will be provided if requested. My attendance at group meetings will be verified, and I will be sanctioned if I don't attend. (____)
8. TERMINATION: I may terminate my participation in the Program at any time, but I must meet with the 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) 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 P-SC 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 P-SC Judge. 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 expelled from the Program. (____)
12. COURT PROCEEDINGS: The P-SC 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. (____)
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). I will comply with all other rules of the Intensive Supervision Program. I am aware that my Court Service Officer(s) and/or law enforcement will be conducting random home visits as a part of my participation in the Program. (____)
 - B. I will submit 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. DRUG TESTING: I will not use or possess any urine adulterant products. Possession or use of any such products will be deemed a violation of this agreement. I understand that results of my tests shall be admissible as evidence in the P-SC. (____)
15. ATTORNEY: I understand that I will not have an attorney to represent me while in the P-SC Program. I also understand that P-SC 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 P-SC, and the Defense Attorney who participates in the P-SC is not acting as my attorney. (____)
16. DISCUSSIONS IN MY ABSENCE. I understand and acknowledge that the members of the P-SC Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the P-SC 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 for me to receive the maximum benefit from the Program. I understand this and waive my presence at these meetings and discussions with the P-SC Judge. (____)
17. 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 P-SC 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. (____)

18. **DUTY TO NOTIFY:** I must obtain permission from my Court Service Officer(s) 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) immediately after any law enforcement contact. Participants are not allowed to have surveillance cameras at their residences. (____)
19. **REARRESTS:** I must obey all laws, and notify my Court Service Officer(s) 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. (____)
20. **TRUTHFUL DISCLOSURE:** Acceptance in the Program is based partly on my criminal history. I have truthfully, disclosed any previous arrests and convictions. (____)
21. **NO ALCOHOL OR CONTROLLED SUBSTANCES:** I understand that I cannot drink, possess, or otherwise ingest alcohol or non-alcoholic beer; nor may I associate with those who do, while I am a participant in the P-SC Program. I also understand that I cannot use or possess marijuana, bath salts, Kratom, air dusters, 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 P-SC Program. (____)
22. **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 P-SC 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). I also agree to provide a complete list of my medications to my treatment provider and my Court Service Officer(s). I also will not use or possess baking soda, bleach, Ajax or any other substance used to mask, while I am in the P-SC Program. (____)
23. **MEDICAL NEEDS:** I, unless authorized by the P-SC 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 P-SC Team or my Court Services Officer(s), including emergent needs. I understand if I am prescribed a control substance by my medical provider, the P-SC Team may put my clean time on hold while I am taking the medication. (____)
24. **ALCOHOL/DRUG TREATMENT AND COUNSELING:** I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling. (____)
25. **HOUSING:** I understand that stable housing is necessary for my recovery and must be approved by the P-SC Team. I agree to comply with their recommendations and restrictions. (____)

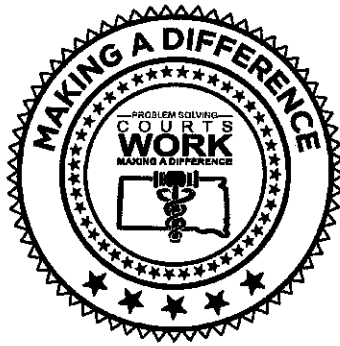
26. EMPLOYMENT/EDUCATION/JOB TRAINING: I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. (____)
27. GAMBLING: I will not gamble nor enter any gambling establishments where the primary source of revenue is gaming funds without the permission of my Court Services Officer(s). (____)
28. INCARCERATION: I understand that I may be incarcerated as a sanction for violations of the participant agreement, and I agree to comply with the incarceration. (____)
29. CURFEW: I agree to abide by a curfew as determined by the P-SC 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, if I am able to hear and get to the telephone. (____)
30. SEXUAL HARASSMENT POLICY: 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. If I sexually harass another participant or service provider, I will be subject to a disciplinary review and could face severe consequences, including termination from the Program. (____)
31. NO FINANCIAL DEALINGS: I am prohibited from having any financial dealings with other P-SC participants while in the Program, except with the permission of the P-SC Judge. The term "financial dealings" shall include, but not be limited to; lending or borrowing money or property, purchasing or selling real or personal property, working for each other, or exchange of gifts. A violation will result in sanctions for all involved participants. (____)
32. WAIVER OF RIGHT TO REMAIN SILENT: I give up my right to remain silent. I agree to fully and *HONESTLY* participate in all P-SC meetings. (____)
33. PHOTOGRAPH: I agree to have my photograph taken for P-SC files. (____)
34. 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 P-SC Team before agreeing to enter 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 P-SC Treatment Program as established by the Court and the Treatment Provider. (____)
35. NO CREDIT FOR JAIL SANCTION: If I do not complete the Program, I may not get credit for any time that I served for P-SC sanctions. (____)
36. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the P-SC Judge for all purposes, including sanctions. (____)

SIGNATURE OF DEFENDANT

DATE

SIGNATURE OF WITNESS

DATE



***Participant Handbook Receipt
and
Acknowledgement Form***

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

Participant Name Printed:	
Participant Signature:	
Date:	