

Northern Hills Drug Court & 4th Circuit DUI Court 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 with a moderate to severe substance use diagnosis the chance to enter long-term drug or alcohol treatment under the close 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; and
- 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 been arrested and charged with a felony or you have a pending petition for felony probation revocation;
2. Are NOT on parole;
3. Score as high-risk and high-need when assessed for the program by the Problem-Solving Court CSO;
4. Have an updated drug and alcohol evaluation and a diagnosis of moderate to severe substance use disorder;
5. Live in a pre-approved area within the 4th Judicial Circuit (you might have to move) and your address is approved during this application process;
6. Are 18 years or older;
7. Are NOT required to register as a sex offender.

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?

Drug Court or DUI Court program application steps:

1. The State's Attorney completes the Entrance Criteria Checklist by date of Circuit Court arraignment or sooner.
2. You 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.
3. You must schedule and complete a LSI-R and IDA assessment (for DUI Court) with a Court Services Officer (CSO).
4. You must schedule and complete a drug and alcohol evaluation and sign a release of information to the Drug/DUI Court.
5. The Drug Court or DUI Court Team will discuss your application.
6. If the Drug or DUI Court Judge approves 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. ***

Status Hearings

Throughout the program, you will be required to attend status hearings in court before the Judge. 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 the court hearings. There is a dress code. You must dress professionally, clothes that are too revealing or inappropriate are not allowed. 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 and your family or people supporting you are welcome to attend court with you.

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.

Defense Attorney

The Drug Court and DUI Court programs each have a defense attorney on the team. The program defense attorney serves as your attorney while you're in the Drug or DUI Court program. You always have the right to get your own attorney at any stage of the program. Even though the defense attorney is a member of the team, he/she is **your attorney** for all Drug or DUI Court issues. You have attorney-client privilege, which means you can share confidential information with your attorney that cannot be shared with the team unless you give permission.

The defense attorney's job is to help you understand your rights and the requirements of the Drug Court Program. The Drug Court Judge makes all final decisions, but your attorney will advocate for you to the Judge and the team. Attorneys, Ms. Paige-Hunt, and Ms. Kinney will defend your legal rights, advocate for you to the court and team and share your view on things like incentives and sanctions, phase advancement, and graduation or termination. Your attorney will represent you in evidentiary hearings if you want to question the facts used to decide on sanctions or terminations. Your attorney will also represent you if you are facing termination from Drug or DUI Court and if you are facing a Probation Violation after termination from Drug or DUI Court, unless you request a different attorney.

The defense attorney will attend Drug and DUI Court sessions and can answer questions you may have before, during, or after court. You should contact your attorney before court, if possible, to talk about any issues that might come up.

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 complete the program.

Phases of Drug Court & DUI Court

Both programs have 5 phases. You are required to complete a written phase application and provide it to the Team to advance through the phases. The Judge receives input from the Team and decides 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 8:00 P.M. curfew
- Go to court weekly
- Go to and actively participate in your treatment program (includes individual counseling as recommended)
- Attend the peer support group at least two times per month
- Comply with supervision
- Comply with random drug and alcohol testing
- Develop a case plan
- Weekly office and monthly home visits with your CSO
- 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
- **If required:** follow all rules of the 24/7 Sobriety Program

To advance to Phase 2:

- Attend and actively participate in treatment
- Comply with supervision
- Be free from alcohol and drugs a **minimum of 14 days in a row**
- Complete a written phase application and provide it to the Team

Phase 2 = Minimum of 90 days

- Follow the 9:00 P.M. curfew
- Go to court weekly
- Go to and actively participate in your treatment program (includes individual counseling as recommended)
- Attend the peer support group at least two times per month
- Review your case plan
- Comply with supervision
- Comply with random drug and alcohol testing
- Weekly office and monthly home visits with your CSO
- Address any financial, medical, and dental needs
- Attend a minimum of 1 self-help/recovery support group meeting and provide proof of attendance (AA, NA, SMART Recovery, Celebrate Recovery, etc.); your treatment counselor may require additional meetings during the week
- Look for a sponsor or mentor
- Have a safe and stable place to live
- Show how you've changed social media, people, places and things
- Use a daily planner and bring to all court sessions

- Have a job or do volunteer work or attend school (at least 20 hours per week)
- **If required:** follow all rules of the 24/7 Sobriety Program

To advance to Phase 3:

- Attend and actively participate in treatment
- Comply with supervision
- Be free from alcohol and drugs a **minimum of 30 days in a row**
- Complete a written phase application and provide it to the Team
- If on SCRAM or remote breath device, account must be paid up-to-date

Phase 3 = Minimum of 90 days

- Follow the 9:00 P.M. curfew
- Go to court every other week
- Go to and actively participate in your treatment program (includes individual counseling as recommended)
- Attend the peer support group at least two times per month
- Review your case plan
- Comply with supervision
- Comply with random drug and alcohol testing
- Have two office visits a month and monthly home visits with your CSO
- Address any financial, medical, and dental needs
- Attend a minimum of 1 self-help/recovery support group meeting and provide proof of attendance (AA, NA, SMART Recovery, Celebrate Recovery, etc.); your treatment counselor may require additional meetings during the week
- Have a sponsor or mentor
- Have a safe and stable place to live
- Show how you've changed social media, people, places and things
- Use a daily planner and bring to all court sessions
- Have a job or do volunteer work or attend school (at least 20 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
- **If required:** follow all rules of the 24/7 Sobriety Program

To advance to Phase 4:

- You must have regularly attended treatment
- Comply with supervision
- Be free from alcohol and drugs a **minimum of 45 days in a row**
- Complete a written phase application and provide it to the Team
- If on SCRAM or remote breath device, account must be paid up-to-date

Phase 4 = Minimum of 90 days

- Follow the 10:00 P.M. curfew
- Go to court monthly
- Go to and actively participate in your treatment program (includes individual counseling as recommended)
- Review your case plan

- Comply with supervision
- Comply with random drug and alcohol testing
- Two office visits per month and monthly home visits with your CSO
- Address any financial, medical, and dental needs
- Attend a minimum of 1 self-help/recovery support group meeting and provide proof of attendance (AA, NA, SMART Recovery, Celebrate Recovery, etc.); your treatment counselor may require additional meetings during the week
- Have a sponsor or mentor
- Have a safe and stable place to live
- Show how you've changed social media, people, places and things
- Use a daily planner and bring to all court sessions
- Have a job or do volunteer work or attend school (at least 30 hours per week)
- Continue to be involved in a positive social activity or community organization
- Make monthly payments toward court costs, fines, restitution, attorney fees and 24/7 program
- Complete a parenting class, life skills class or budgeting/financial class and all recommendations by the end of Phase 5
- Attend a Victim Impact Panel by the end of Phase 5.
- **If required:** follow all rules of the 24/7 Sobriety Program

To advance to Phase 5:

- Attend and actively participate in treatment
- Be involved in a positive social activity/involved in the community
- Be free from alcohol and drugs **a minimum of 45 days in a row**
- Complete a written phase application and provide it to the Team
- If on SCRAM or remote breath device, account must be paid up-to-date

Phase 5 = Minimum of 90 days

- Follow the 11:00 P.M. curfew
- Go to court monthly
- Go to and actively participate in your treatment program (includes individual counseling as recommended)
- Review your case plan
- Comply with supervision
- Comply with random drug and alcohol testing
- Monthly office and home visits with your CSO
- Address any financial, medical, and dental needs
- Attend a minimum of 1 self-help/recovery support group meeting and provide proof of attendance (AA, NA, SMART Recovery, Celebrate Recovery, etc.); your treatment counselor may require additional meetings during the week
- Have a sponsor or mentor
- Have a safe and stable place to live
- Show how you've changed social media, people, places and things
- Use a daily planner and bring to all court sessions
- Have a job or do volunteer work or attend school (at least 30 hours per week)
- Continue to be involved in a positive social activity or community organization

- Make monthly payments toward court costs, fines, restitution, attorney fees and 24/7 program
- Complete a parenting class, life skills class or budgeting/financial class and all recommendations
- Attend a Victim Impact Panel
- **If required:** follow all rules of the 24/7 Sobriety Program

Completion of the Drug or DUI Court Program

To successfully complete the program, you must have:

- Completed 90 days in Phase 5.
- At the time of the commencement ceremony, have a minimum of 90 days in a row free from alcohol and drugs.
- Completed all recommended treatment.
- If on SCRAM or remote breath device, account must be paid up to date.
- 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 14 months.
- Have a positive social activity and/or be involved in the recovery community.
- Complete the Exit Survey.
- Turned in your commencement application and participated in a readiness interview (if an interview is required) with the Drug Court or DUI Court Team; and
- Be approved to complete the program by the Drug or DUI Court Judge.¹

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

If I'm in the DUI Court Program, when can I drive?

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.
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

¹ Approval to complete the program is at the sole discretion of the judge after receiving input from the team. The length of the program is determined by the needs of each person, and participants are expected to dedicate no less than 14 months to treatment and intensive probation.

- Participate in the 24/7 Sobriety Program as soon as you receive a permit to drive.

Incentives

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

Types of Incentives

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

- Promoting to the next phase
- 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 needed living expenses
- Payment towards a parenting class
- Applause in court
- Praise from the Problem-Solving Court Judge and the Team
- Paid minutes for cell phone
- Payment for GED testing
- School supplies
- Assistance with medical/dental 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
- Assess need for medication
- Increased court appearances
- Peer to Peer Support groups
- Journaling
- Motivational interview exercises
- Modification of treatment plan
- In-Patient Treatment

Violations and Sanctions

You will 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.

If you get behind on payments for SCRAM or remote breath or 24/7 testing, you will lose your work permit until your account is paid in full.

Any violations of the Drug or DUI Court Program rules, policies, or court orders will result in the immediate imposition of sanctions by your CSO or the Court. You have the right to a hearing and the defense attorney will assist you.

Types of Sanctions

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

- Increased reporting to CSO or Treatment
- Additional drug testing
- Temporary jail
- Delay in phase promotion
- Apology letters
- Day reporting
- Court observation
- Written assignments
- Verbal warning
- Community service hours
- House arrest
- Increased court appearances
- Electronic monitoring
- Daily written schedule
- Stricter curfew
- Loss of program sobriety time
- Daily journal
- Loss of driving privileges
- Termination from the program



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 will be sanctioned. At any point, if you do not follow the rules, you can 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 can 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. You have the right to have a termination hearing and the defense will assist you with the hearing.
3. You will address the Court and 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 can 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 complete 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 can include (but are not limited to) the following:

- Lab costs associated with UA's
- 24/7 Sobriety Program (PBT's, SCRAM, Remote Breath) in the DUI Court Program, failure to make up-to-date payments will result in loss of work permit
- Interlock
- Treatment
- Drug patches
- Reimbursement of program loans



Meet the Drug Court Team

Judge Foral

Rick Olauson- Program Coordinator

Ken Chleborad- Prosecutor

Karen Paige-Hunt- Defense Attorney

Geody VanDewater- Chief of Police

Stacy Hunt and Alicia Cline- CSO

Lea Essink - Addiction Treatment Provider (Compass Point)

Colleen Casavan- Mental Health Treatment Provider (Behavior Management Systems)

Meet the DUI Court Team

Judge Foral

Rick Olauson- Program Coordinator

Bruce Outka- Prosecutor

Kimberly Kinney- Defense Attorney

Marc Levise, Stacy Hunt, Alicia Cline- CSO

Lea Essink- Addiction Treatment Provider (Compass Point)

Colleen Casavan- Mental Health Treatment Provider (Behavior Management Systems)



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 ApplicationReturn to Treatment Court Coordinator, Rick Olauson at Richard.olauson@ujs.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: List all MENTAL HEALTH diagnoses:		Medical Provider: 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.</p> <p>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	



CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

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

Therefore, I, _____, consent to allow the release of employment, medical, psychiatric, treatment, educational, mental health, or other documents and records that are deemed necessary for Treatment Court purposes concerning Case No(s). _____. I also consent to the disclosure of on-going communications about my diagnosis, prognosis, and compliance status, which includes, but is not limited to, the following:

- Assessment results pertaining to Treatment 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 Treatment 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 Treatment Court Program: the Treatment Court judge, the Treatment Court team members, the employees engaged in the Treatment Court operations and administration, court services officers

in the Treatment Court Program, treatment providers utilized by me during the Treatment Court Program, the Treatment Court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Treatment Court Program.

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

I agree to permit the disclosure of this confidential information only as necessary for, and pertinent to, hearings, and/or reports concerning the status of my participation and compliance with the conditions of my probation as defined by the Treatment 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 Treatment 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 Treatment Court Team.

I further understand that as an essential component of the Treatment Court Program summary information about my compliance or non-compliance will be discussed in an **open and public courtroom**, including but not limited to, whether I have attended all meetings, treatment sessions, the results of urinalysis or other drug testing as required, and the disclosure of my compliance or noncompliance with the terms and conditions of the Program as defined by the Court. It is entirely possible that third parties will attend these court sessions and will hear these discussions. This process will require the 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 Treatment 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 Treatment Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Treatment Court requirements, or upon sentencing for violating the terms of my Treatment Court involvement.**

Treatment Court Participant _____ Date _____

Witness _____ Date _____



Publicity Consent/Release

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

I release the Treatment 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 effect until revoked by me in writing. I understand that the consent/release cannot be revoked by me until:

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

Date

Signature



SOUTH DAKOTA PRESCRIPTION DRUG MONITORING PROGRAM

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

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

Therefore, I, _____ give consent to the Treatment Court (court services officer and Team) to obtain my prescription drug monitoring program data from the South Dakota Pharmacy Board for the purpose of assisting the Treatment Court team with my case, specifically for supervision and treatment. All information obtained through the South Dakota Prescription Drug Monitoring Program will be kept confidential by the Treatment Court Team. *I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Treatment Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Treatment Court requirements, or upon sentencing for violating the terms of my Treatment Court involvement.*

Signature _____

Date _____

Witness Signature _____

Date _____



Participant Handbook Receipt and Acknowledgment

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: _____