



Pennington County Drug Court

Pennington County Courthouse· 315 St Joseph Street

PO Box 230· Rapid City, SD 57709

Phone: 605.394.2595· Fax: 605.394.3373

APPLICATION INSTRUCTIONS

Once a formal written Drug Court offer has been extended by the Drug Court Prosecutor:

1. The applicant reads through the Participant Handbook with their defense attorney.
2. The applicant completes and submits the following "**Application to Pennington County Drug Court Program**" to the Pennington County Drug Court, in the Court Services Office of the Pennington County Courthouse.
3. The applicant enters a guilty plea and the applicant's defense attorney signs the applicant up for a Presentence Investigation (PSI).
4. The applicant and their defense attorney meet with the Drug Court Defense Attorney to complete the "**Pennington County Drug Court Treatment Program Basic Understanding, Waivers and Agreements**" and the "**Consent for Release of Confidential Information.**"
5. The applicant completes an updated Treatment Needs Assessment at ROADS Out-Patient Treatment Program, Inc. and provides a copy of the assessment to the Pennington County Drug Court
6. The applicant meets with a Court Services Officer to complete a Presentence Investigation (PSI) and a Level of Service Inventory-Revised (LSI-R) risk/needs assessment.
7. The applicant meets with the Drug Court CSOs for a Drug Court interview.
8. The Drug Court team discusses the applicant's information and the Drug Court Judge decides whether to accept or deny the pending application.
9. If accepted into the Drug Court program, the applicant is sentenced to probation with Drug Court. The same sentencing judge is utilized in all cases.

If sentenced to probation with Drug Court, the following forms must be completed:

- Drug/Alcohol Testing Contract**
 - Consent for Disclosure of South Dakota Prescription Drug Monitoring Program Information**
 - Publicity Consent**
 - Participant Manual Receipt and Acknowledgement**
10. If not accepted into the Drug Court program, the applicant is returned to the traditional legal process and sentencing.

*Your attorney will receive written notification of acceptance or denial into the program.



Unified Judicial System
Application to the
Pennington County Drug Court program
Seventh Judicial Circuit

Date of Application	Disability accommodations needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language:
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Name	Alias
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Race	Sex	Date of Birth
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Current Address (Street)	Phone Number:	Alternate Phone Number
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City	State	Zip	Other States Lived in:
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How Long at this Address:	
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Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:	Discharge:
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Children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dependents:
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Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Photo ID? <input type="checkbox"/> Yes <input type="checkbox"/> No
Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo ID Number:
Driver's License Number:	

Significant Other		
NAME- Last, First, Middle (include Aliases)	DOB	Criminal Court Involvement-If so what?

Members of Household		
NAME- Last, First, Middle (include Aliases)	DOB	Criminal Court Involvement-If so what?

Next of Kin		Relationship	Telephone Number	
Current Employer		Monthly Income	Receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Income:	
Are You an Addict? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Drug of Choice		
Primary Care Provider/Physician				
Mental Health Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			Take Psychotropic Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all Mental Health Diagnoses			List all Medications	
Drug & Alcohol Evaluation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			LSI-R Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Completing	Date	Score	Date	
Highest Grade Completed		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Skill or Trade		Certification or Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gang Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gang Nickname:		
Gang Affiliation:				
On Probation Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No	Probation Officer			
Current Charges		Offense Date		
Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Charges		
Have you ever been sentenced to DUI/Drug court before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court			Date:	
Have you ever been sentenced to the Penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date:	
Defense Attorney Name			Telephone Number	
"The defendant consents to the disclosure of Drug Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Drug Court program."				
_____ Defense Attorney Signature		_____ Date	_____ Applicant Signature	
			_____ Date	