



## Codington County Drug Court Checklist for Defense Attorneys

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

1. The Codington County State's Attorney will complete a legal screen based upon referral from police reports, defense attorney, police, or other sources.
2. Have your client fill out the Application for Drug Court and Basic Understanding, Waiver and Agreements. The Application and Waiver is attached. They should be turned in to the Drug Court Specialist Jan Lawrence at 882-5375, in the Drug Court Office.
3. The Drug Court Specialist will then notify the State's Attorney that your client is applying to Drug Court.
4. The Drug Court Specialist will contact Meghan Henman or Cynthia Binde, Human Service Agency in Watertown, 886.0123, to arrange for your client to undergo a chemical dependency evaluation. The evaluator will be informed the evaluation is for possible admission to drug court.
5. You will be contacted by the drug court services officer and ask to supply certain information about your client to the drug court team.
6. The drug court team will then vote on whether your client will be admitted to drug court.
7. Educate your client on drug court. Drug court is an intense and rigorous program and not all clients are sufficiently motivated to be successful in the program. Provide him or her with the Participant Handbook, a copy of which is attached.
8. If your client is accepted into drug court, you will be notified and the drug court defense attorney will meet with you and your client to answer your client's questions about the program.
9. You will be contacted by the drug court services officer and ask to supply certain information about your client to the drug court team.
10. Your client will appear for sentencing. **ACCEPTANCE INTO DRUG COURT DOES NOT GUARANTEE THAT THE JUDGE WILL SENTENCE YOUR CLIENT TO DRUG COURT.**
11. If sentenced to drug court, your client will become an active participant after any jail or penitentiary time and any inpatient treatment ordered by the sentencing judge.

If you have questions or concerns, please contact the drug court office at 605.882.5375 or Attorney Terry Sutton, 882.3220.



## **Codington County Drug Court Application, Rules & Regulations**

- Fill out and submit the attached application to the Codington County Drug Court Specialist (Jan Lawrence – Court Services, 14 1<sup>st</sup> Avenue SE, Watertown, SD. 605.882.5375)
- After the application is completed, the applicant will undergo a Treatment Needs Assessment and a Risk/Needs Assessment.
- You will receive written notification of acceptance or denial into the program.

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## **CONTACT INFORMATION**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Cell/Phone Number:** \_\_\_\_\_

## **PROGRAM OUTLINE**

Codington County Drug Court is a court supervised, treatment orientated program and targets non-violent participants whose major problems stem from substance abuse. Codington County Drug Court is a voluntary program. The program includes regular court appearances before the Drug Court Judge, alcohol/drug abuse treatment, individual/group counseling, alcohol/drug testing, and regular attendance at 12-step meetings. The Drug Court team may assist and require educational/vocational/and or job placement services. The program length will be determined by the participant's progress, but will be no less than 18 months

## **APPLICATION REQUIREMENTS AND POLICY**

All participants must voluntarily make application to the Codington County Drug Court, undergo an eligibility assessment, and complete a chemical addiction assessment. All candidates must make an application to the Codington County Drug Court Specialist within 7 working days from the first court appearance and no longer than 15 days from the date of arrest, unless granted an exception by the drug court. Candidates may enter the program only after approval by the Codington County Drug Court Team.

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 the purposes of obtaining information useful for acceptance into the Drug Court Program.

No applicants will be excluded based on the existence of a co-occurring disorder or other medical condition. All reasonable efforts will be made to ensure that the time between arrest and entry into the drug court program is less than 30 days.

## **SCREENING AND ELIGIBILITY CRITERIA**

- Drug Court is a post adjudication program. Participants must plead or have been found guilty of a felony drug related offense or drug related probation violation.
- Candidates must be at least 18 years of age;
- Candidates are only accepted into the program on a voluntary basis. Submission of a signed application into the program is deemed a voluntary request for admission.
- No person whose current conviction is for the offense of distribution of a controlled substance or marijuana may be accepted;

- No person who is currently required to register as a sex offender may be accepted;
- No person whose current conviction is for a crime of violence as defined by SDCL § 22-1-2(9) may be accepted;
- No person who has seven lifetime convictions for driving under the influence may be accepted unless otherwise determined appropriate by the local drug court team;
- Candidates must have a chemical dependency diagnosis;
- Candidates must meet risk-needs criteria as established by utilization of a validated risk-needs assessment tool and a validated clinical assessment tool;
- Candidates must constitute a substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation;
- The prosecutor with jurisdiction over the offense must approve the offenders participation in the program;
- Applicant must reside within Codington County to allow for intensive supervision.

**Crime of Violence as defined by South Dakota Codified Law 22-1-2 (9)**

"Crime of violence," any of the following crimes or an attempt to commit, or a conspiracy to commit, or a solicitation to commit any of the following crimes: murder, manslaughter, rape, aggravated assault, riot, robbery, burglary in the first degree, arson, kidnapping, felony sexual contact as defined in § 22-22-7, felony child abuse as defined in § 26-10-1, or any other felony in the commission of which the perpetrator used force, or was armed with a dangerous weapon, or used any explosive or destructive device.







**Codington County Drug Court Program**  
 Unified Judicial System  
 Third Judicial Circuit  
**Records Release Authorization (Drug Court Involvement)**

I, \_\_\_\_\_ authorize

(Name of Client)

- The Codington County Drug Court Team (to include the Judge, defense attorney, prosecutor, probation officers, treatment representatives, law enforcement, and other Drug Court Team member)

**AND**

- Treatment Provider/s (Human Service Agency Staff):

(Name and address of treatment program)

\_\_\_\_\_

\_\_\_\_\_

To communicate and to disclose to one another the following information: results of substance abuse evaluation/Treatment Needs Assessment (TNA), pertinent medical and/or psychological information, drug test results, or other diagnostic test results, and

Extent and nature of any addition information

\_\_\_\_\_

\_\_\_\_\_

The purpose or need for the disclosure is to **monitor my compliance with conditions of the Drug Court**. I understand that this **consent cannot be revoked**, but will remain in effect until there has been a formal and effective termination of my involvement with the **Drug Court Program**.

\_\_\_\_\_  
 Signature of Client

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Date

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



**Codington County Drug Court Program**  
Unified Judicial System  
Third Judicial Circuit  
**Consent for Disclosure of Confidential  
Substance Abuse Information**

I, \_\_\_\_\_ DOB: \_\_\_\_\_  
(First and Last Name)

Hereby consent to communication between Human Service Agency and the Codington County Drug Court Team (Judge, Defense Attorney, Prosecuting Attorney, Court Service Officer, Drug Court Specialist, Treatment, and Law Enforcement)

The purpose of, and need for this disclosure is to inform the court and all other named parties of my eligibility and/or acceptance for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the Codington County Drug Court monitoring criteria.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/or reports concerning:

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(List charges and case number)

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 Codington County Drug Court for the above-referenced case, such as the discontinuation of all court supervision upon my successful completion of the Codington County Drug Court requirements OR upon sentencing for violating the terms of my Codington County Drug Court involvement.

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 records and that recipients of this information may re-disclose it only in connection with their official duties.

I also understand that for research purposes, information will be gathered and utilized for program analysis and protection under Part 2 of Title 42 CFR applies.

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(Name)

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(Date)

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(Signature)

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(Signature of Defense Counsel)



**Codington County Drug Court Program**  
 Unified Judicial System  
 Third Judicial Circuit  
**Records Release Authorization (Referral for Treatment)**

I, \_\_\_\_\_ hereby give permission to

(Name of Client)

(Name and address of treatment program who completed Substance Abuse Evaluation)

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**To release from my files the following information:** results of substance abuse evaluation, involvement and requirements of the Drug Court Program, pertinent medical and/or psychological information, drug/alcohol screen/test results, other diagnostic test results, and

Extent and nature of any additional information:

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This information is to **be released to any substance abuse treatment/service provider within a 200-mile radius**. The purpose or need for the disclosure is for referral to substance abuse services in compliance with the conditions of the Drug Court mandate. I understand that this **consent cannot be revoked**, but will remain in effect until there has been a formal and effective **termination of my involvement with the Drug court Program**

\_\_\_\_\_  
 Signature of Client

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Date

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



**Codington County Drug Court Program**  
Unified Judicial System  
Third Judicial Circuit  
**Agreement of Participation**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

1. **Alcohol/Drug Treatment and Counseling:** I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling.
2. **Refrain from Further Possession or Use of Alcohol/Drugs:** I will not possess and/or use alcohol and/or illicit drugs and agree to submit to frequent and random drug/alcohol testing, including the 24/7 program, to detect the presence of alcohol or illicit drugs. 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 Codington County Drug Court. I shall not enter establishments where alcohol is the primary item for sale.
3. **Housing:** I understand that stable housing is necessary for my recovery and must be approved by the Codington County Drug Court Team. I agree to comply with recommendations and restrictions.
4. **Refrain from Further Violation of Law:** I will not violate laws and I understand that any violation or arrest must be reported to the Codington County Drug Court Team within 24 hours.
5. **Employment/Education/Job Training:** I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. I will inform the Codington County Drug Court Staff prior to changing employment. I will maintain at least a 30-hour work-week. The 30-hour work-week does not include treatment unless it is day treatment. The 30-hour week only includes work, school, or community service hours unless it is otherwise approved by drug court
6. **Agreement to Make All Scheduled Appearances:** I will provide for my own transportation and shall appear as scheduled for Codington County Drug Court sessions and all other appointments.
7. **Costs Related to Program:** I agree to pay all costs for my participation in the Codington County Drug Court as set by treatment and the Court after consideration of my financial resources.
8. **Exchange of Information:** I understand that Codington County Drug Court data is confidential and I will not discuss the program or disclose participant information to other individuals in treatment. I understand the Codington County Drug Court Team will make reports to the Judge concerning my progress in treatment and the psychologist-patient/counselor-patient privileges shall not apply. I agree to release information and permit communication with outside agencies to assist in fulfilling the requirements of the Codington County Drug Court.

9. **Medical Issues:** I agree to seek medical attention when appropriate and follow through with the recommendations. Any prescribed medications will be reported to the Codington County Drug Court Team.
10. **Disclosure of Program Information:** I understand for purposes of study or review of this program, some otherwise confidential information may be disclosed to third parties, but that under no circumstances will this statistical data include my name, address, or other personal identifying information
11. **Confidentiality of Codington County Drug Court Participation:** I understand that any statements or disclosures I make during the course of my participation in treatment, counseling, or court proceedings, in regard to drug use or drug seeking behavior shall be held confidential within the Codington County Drug Court Team. If I am terminated from this program, the fact of my participation, the results of any testing, any statements I made during the course of the program, and the reason(s) for termination shall be privileged subject to appropriate waivers of said privilege.
12. **Participants Not Asked to Inform on Others:** The Court agrees that no defendant participating in this program will be requested to be an informant or encouraged to disclose information concerning any third parties as a condition of entry or completion of this program.
13. **Appropriate Behavior Among Participants:** I agree to respect the opinions and feelings of other program participants and understand verbal or physical threats or abuse will not be tolerated. I agree not to start any romantic or sexual relationships with other Codington County Drug Court participants while actively involved in the program.
14. **Gambling:** I will not gamble nor enter any gambling establishments where the primary source of revenue is gaming funds without the written permission of my supervising officer.
15. **Site Visits:** I understand site visits to my home and place of employment will be conducted by the Codington County Drug Court Team and/or law enforcement officers.
16. **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.
17. **Travel:** I will not leave the Codington County area without prior approval of Codington County Drug Court Team.
18. **Curfew:** I agree to abide by a curfew as determined by the Codington County Drug Court Team. The curfew will have a beginning time when you are to be home and an ending time when you may leave. During your curfew you may be on your property, as long as you are able to hear and get to the telephone.
19. **Conditions of Supervision:** I agree to abide by all other conditions of supervised probation.

**Participant** \_\_\_\_\_ **DOB:** \_\_\_\_\_



**Codington County Drug Court Program**  
Unified Judicial System  
Third Judicial Circuit  
**Treatment Program Basic Understanding,  
Waivers and Agreements**

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**Defendant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone Number(s):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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**I UNDERSTAND THAT:**

Before I can be accepted into the Drug Court Treatment Program, I must give up certain statutory and/or constitutional rights. I hereby voluntarily agree and consent to give up the following statutory and/or constitutional rights upon my acceptance into the Drug Court Treatment Program enumerated below:

1. **LEGAL WAIVER:** I do hereby release and forever discharge the complaining witnesses, victim(s), the Drug Court Judge, the State's Attorney's Office, the Defense Attorney on the Drug Court Team, the Court Service Officer(s), the Drug Court Staff, and their respective heirs, successors, executors, administrators, and assigns from any and all claims of any kind or nature whatsoever, either in law or in equity, arising out of my arrest, participation in, or termination from, the Drug Court Program, and do expressly release and forever hold them harmless from any criminal or civil action which I may have a right to bring as a result of my arrest or participation in the Drug Court Program. (\_\_\_\_)
2. **RELEASE OF INFORMATION:** I agree to complete a diagnostic evaluation for the development of my Drug Treatment Program as ordered by the Court. I hereby authorize release of all treatment information by the provider to the Court, Court Services, and the Drug Court Team. The Team and Court may consider any such information in deciding whether I remain in the Drug Court Treatment Program. (\_\_\_\_)
3. **STATUS OF PROGRAM:** I have no legal right to participate in the Drug Court Treatment Program, and my acceptance and participation is a privilege. I may be excluded or terminated from the Program at any time. (\_\_\_\_)
4. **PROGRAM LENGTH:** The length of the Program varies client by client, with the minimum time to complete all levels of programming being no less than eighteen (18) months. It may take up to two (2) years, depending on the client's needs, abilities, and motivation to achieve six (6) months of sobriety and meet Program objectives. Under no circumstances will a participant be allowed to exceed three (3) years in the Program. (\_\_\_\_)
5. **GENERAL REQUIREMENTS:** I must attend all Drug Court sessions well groomed and professionally dressed. I must also attend treatment sessions, pass repeated drug screens, and address problems such as corrective thinking that contribute to my addiction. I must reduce risk factors, which may include improving my family situation, bettering my employment status, increasing my educational level, moving from known drug distribution areas, etc. I may be required to pay restitution treatment fees and/or fees for participation in

the program, fines, my Court Appointed Attorneys Fees, and any other related costs. I must make suitable progress towards controlling my addiction and the Program will set individual requirements that I must meet. (\_\_\_\_)

6. INDIVIDUALIZED TREATMENT PLANS: The Clinician I am assigned to will set my individual treatment plan requirements, which will then be reviewed by the Drug Court Team. The final decisions regarding my progress, compliance with Program requirements, and continued participation are in the Judge's sole discretion. I have no right to appeal the Court's decisions. (\_\_\_\_)
7. TERMINATION: I can quit the Program at any time but I must meet with the Judge and discuss my reasons for this decision and he/she may delay my withdrawal from the Program for up to one (1) week to make sure my decision is firm. If I quit the Program or am involuntarily terminated, I understand that I will be subject to sanctions by my sentencing judge. (\_\_\_\_)
8. FEES: I will have to pay for some components of the Program, such as:
  - A. Drug Testing
  - B. Ankle Bracelet Monitoring System
  - C. Treatment/Counseling

Money I pay into the Program is non-refundable. If I quit, am terminated from the Program, or if the Program ends for any reason, I will not get my money back. (\_\_\_\_)

9. SANCTIONS: If I do not fully comply with the Program, the Judge may impose sanctions at his/her sole discretion. Additionally, my Court Service Officer(s) (CSO) may impose administrative sanctions if I violate my curfew, have unauthorized visitors, or violate my weekly schedule. I will have to complete the sanctions to continue in the Program. The sanctions could include community service, a return to jail, additional drug treatment, or anything deemed appropriate by the Judge. Additionally, as a condition of my participation in the Drug Court Program, I do not have a right to an Evidentiary Hearing to contest the imposition of sanctions nor do I have the right to appeal the decision of the Drug Court Judge. The Judge may also terminate me from the Program. (\_\_\_\_)
10. COMMISSION OF A CRIMINAL OFFENSE: If I commit an additional criminal offense, excluding minor traffic offenses, I may be expelled from the Program. (\_\_\_\_)
11. NO CREDIT FOR JAIL SANCTION: If I do not complete the Program, I may not get credit for any time that I served for Drug Court sanctions. (\_\_\_\_)
12. COURT PROCEEDINGS: The Drug Court proceedings will be informal and performed in open Court. However, participants are required to be well groomed and dressed in professional attire for all Court appearances. (\_\_\_\_)
13. SEARCHES:
  - A. I will submit to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia at the request of the Court Service Officer(s) (CSO). I will comply with all other rules of the Intensive Supervision Program. I am aware that my Court Service Officer(s) (CSO) and/or law enforcement will be conducting random home visits as a part of my participation in the Program. (\_\_\_\_)
  - B. I will submit to searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia at the request of law enforcement with reasonable suspicion. (\_\_\_\_)
  - C. I will be subject to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol or any paraphernalia by treatment provider staff or their designee while participating in the treatment program or while on treatment provider property. Failure to comply with these requirements may result in sanctions. (\_\_\_\_)

14. ATTORNEY: I understand that I will not have an attorney to represent me while in the Drug Court Program. I also understand that Drug Court is a non-adversarial forum and, therefore, treatment and accountability is the primary concern. (\_\_\_\_)
15. DISCUSSIONS IN MY ABSENCE. I understand and acknowledge that the members of the Drug Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Drug Court Judge about me, my progress in the program, and any problems that I might be having. The Team may also discuss with the Judge, at various times, sanctions or rewards, which I may receive because of my participation in the program. I also understand and acknowledge that I will not be present for these discussions with the Judge. It has been explained to me these discussions with the Judge without me being present are necessary in order for me to receive the maximum benefit from the program. I understand this and waive my presence at these meetings and discussions with the Drug Court Judge. (\_\_\_\_)
16. WAIVER OF PRIVACY: Program officials may require me to provide very personal information. This may include, but will not be limited to: my criminal record, financial and tax information, child support records, education and work history, family history, and medical and psychiatric information. While Program officials will try to avoid unnecessary embarrassment to me, I understand and agree that these things may be discussed in open Drug Court session, in treatment sessions, or in other settings related to participation in the Program. I agree to sign specific releases promptly to allow the gathering of this information. (\_\_\_\_)
17. DUTY TO NOTIFY: I must obtain permission from my Court Service Officer(s) (CSO) prior to making any change in my residence or mailing address, any change, or disconnection of my phone number, or any change in my employment. I must also notify my Court Service Officer(s) (CSO) immediately after any law enforcement contact. (\_\_\_\_)
18. REARRESTS: I must obey all laws, and notify my Court Service Officer(s) (CSO) of any criminal charges that are made against me, including any driving violations or minor offenses. My arrest or conviction on other charges, or *my failure to report other charges*, may result in termination from the Program. (\_\_\_\_)
19. TRUTHFUL DISCLOSURE: Acceptance in the program is based partly on my criminal history. I have truthfully, disclosed any previous arrests and convictions. (\_\_\_\_)
20. NO ALCOHOL OR CONTROLLED SUBSTANCES: I understand that I cannot drink, possess, or otherwise ingest alcohol, nor may I associate with those who do, while I am a participant in the Drug Court Program. I also understand that I cannot use or possess marijuana, K2 or like substances, synthetic marijuana, scheduled controlled substances, over-the-counter drugs except as authorized herein, or any mind-altering substances, nor associate with those who do, while I am a participant in the Drug Court Program. (\_\_\_\_)
21. MEDICATIONS: I understand that I will be required to provide frequent and random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia as a condition of my participation in the Drug Court Program. I agree that I will not take any medications, including cough, cold, and any other over-the-counter medications without prior approval from my treatment provider and my Court Service Officer(s) (CSO). I also agree to provide a complete list of my medications to my treatment provider and my Court Service Officer(s) (CSO). I also will not use or consume any food or beverage that contains poppy seeds while I am in the Drug Court Program. (\_\_\_\_)
22. SEXUAL HARASSMENT POLICY: It is the policy of the Codington County Drug Court Program that all participants are entitled to an atmosphere that is free from any sexual harassment. Sexual harassment is any unwanted comments, gestures, writings, physical contact, and innuendo that are sexual in nature. Any participant who sexually harasses another participant or service provider will be subject to a disciplinary review and could face severe consequences, including termination from the Program. (\_\_\_\_)
23. FRATERNIZATION: It is also the policy of the Codington County Drug Court Program that Program participants are not to engage in any sexual relationships with other Program

participants. This type of fraternization is not conducive to a healthy treatment environment, and will not be tolerated by the Drug Court Program. (\_\_\_\_)

24. NO FINANCIAL DEALING: Participants in Drug Court are prohibited from having any financial dealings with each other while in the Program, except with the permission of the Drug Court 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, or working for each other, or exchange of gifts. A violation will result in sanctions for all involved participants. (\_\_\_\_)
25. WAIVER OF RIGHT TO REMAIN SILENT: I give up my right to remain silent. I agree to fully and *HONESTLY* participate in all Drug Court meetings. (\_\_\_\_)
26. PHOTOGRAPH: I agree to have my photograph taken for Drug Court files. (\_\_\_\_)
27. FREE, VOLUNTARY, KNOWING AGREEMENT: My participation in the Program requires that I waive very important rights. I have fully discussed my rights with the Defense Attorney on the Drug Court Team before agreeing to enter into the Program. I am satisfied that I understand how the Program will affect my rights. At the time of executing this document, my thinking is clear and I am not under the influence of any substance. The decision to waive my rights and enter the Program is mine alone and made of my own free will. I expressly agree to accept and abide by all the terms and conditions of the Drug Court Treatment Program as established by the Court and the Treatment Provider. (\_\_\_\_)
28. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Drug Court Judge for all purposes, including sanctions. (\_\_\_\_)

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Signature of Defendant

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Date

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

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*Signature of Defense Attorney*



**Codington County Drug Court Program**  
Unified Judicial System  
Third Judicial Circuit  
**Drug Court Publicity Consent Form**

I hereby consent to and authorize the use, publication and reproduction of all media by the Drug Court or anyone it authorizes, for all photographs/video taken of me, with or without names as the case may be, for any editorial, promotional, advertising, educational or other purpose upon completion of phase two. ***No photographs of participants can be used before completion of Phase Two without approval of the drug court team and the participant.***

I understand that any photographs or videos may be used in any publication for promotion of Drug Courts. I realize that this coverage may place my picture, with or without further explanation, alone or accompanied by other pictures, in a story, on a website, or on a cover of any or all publicity materials for Drug Courts. I hereby release the Drug Court, its staff, and employees, or anyone it authorizes, from all claims relating to or arising from the uses consented to above.

I am over eighteen years of age, have read this consent and release, or have had it read and explained to me, fully understand its contents, and enter into it voluntarily and without coercion.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

I, \_\_\_\_\_, having agreed to enroll and participate in the Adult Drug Court Program, hereby acknowledge that treatment information normally is confidential under federal law. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient (or client) records and that it is unlawful to violate this confidentiality requirement unless I voluntarily consent to permit its disclosure. Therefore, I, \_\_\_\_\_, consent to allow on-going communications about my diagnosis, prognosis and compliance status among the following parties or agencies involved in the Drug Court Program: the drug court judge, the drug court team members, the employees engaged in the drug court operations and administration, court services officers in the drug court program, treatment providers utilized by me during the drug court program, the drug court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Adult Drug Court Program.

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

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

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

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

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

\_\_\_\_\_  
Drug Court Participant

Date \_\_\_\_\_

\_\_\_\_\_  
Witness

Date \_\_\_\_\_

## **PARTICIPANT HANDBOOK**

Welcome to the Codington County Drug Court. This program is especially designed for persons whose major problems stem from substance abuse. As you enter this voluntary, intensely supervised treatment program, you need to be motivated to work toward changing your lifestyle and becoming free of alcohol and chemical addiction. This program is accessible regardless of your race, religion, sex, ethnic origin, sexual preference, marital status, age, or physical and/or mental disability.

### **MISSION STATEMENT**

The mission of the Codington County Drug Court is to enhance public safety with the goal of developing sober, productive, law abiding citizens by holding the offender accountable while providing supervision, treatment, and life skills in a judicial setting.

### **PROGRAM DESCRIPTION**

The Codington County Drug Court is a court-managed, alcohol/drug intervention treatment program, designed to provide a cost-effective alternative to traditional criminal case processing. You are eligible and have been chosen to participate in this program, you must be willing to commit to the entire program. The program can be successfully completed within 18 months to two years. At anytime during your participation, you could be terminated from the program and sentenced by a Circuit Court Judge for noncompliance with rules and treatment plan.

### **PARTICIPANT GOALS**

Although the Codington County Drug Court Team will work with you on individual goals, the following are goals for every participant:

1. To learn to be drug and alcohol free;
2. To learn better life coping skills;
3. To adjust to a drug/alcohol-free lifestyle;
4. To develop a non-criminal pattern of living;
5. To enhance employment skills;
6. To attend Team approved support groups;
7. To increase social skills;
8. To enhance self-esteem and self-motivation;
9. To develop a relapse prevention plan;
10. To accept responsibility for financial obligations and learn budgeting skills;
11. To develop time management skills.

### **COSTS RELATED TO THE PROGRAM**

Participants will be required to pay any costs that may occur during the program.

## **COURT RELATED FINANCIAL OBLIGATIONS**

Any Codington County Drug Court participant with court related financial obligations, i.e., child support, restitution, crime victim's fund, public defender fees, will make court approved payments on a regular schedule and provides staff with documentation of payments. Unless the Court orders a specific amount, amounts and payment schedules are to be established by your Court Services Officer and Drug Court Specialist and will be subject to the Judge's approval. Failure to make timely payments may result in delaying your phase advancement or completion of the program.

### **Court Related Fees**

Participants are required to keep up with their payments for court related fines and fees. Court related fines and fees can include but are not limited to the following:

- Child support
- Restitution
- Crime Victim Fund
- Court appointed Attorney
- Court fines

The court normally assigns the amount for all court related fees. If the court does not assign you a payment plan than the participant will set one up with the Court Service Officer.

### **Program Related Fees**

Participants may be required 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 fees can include but is not limited to the following:

- UA's
- 24/7 program
- SCRAM
- Interlock
- Treatment

## **PROGRAM/COURT APPEARANCE RULES**

Rules are needed to foster a supportive working environment so everyone involved can achieve their goals. The Codington County Drug Court Judge will review any infraction of the rules and may impose sanctions.

1. Appropriate clothing is expected at all times. Clothing bearing drug or alcohol-related themes, or promoting drug or alcohol use is not allowed.
2. The following actions will not be tolerated:
  - Violence or threats of any kind
  - Use and/or possession of drugs and/or alcohol
  - Belligerent behavior
  - Possession of any type of weapon
  - Inappropriate sexual behavior or harassment
  - Failure to notify staff of any arrest or law enforcement contact within 24 hours.

3. You may not have beepers or cellular phones on in the courtroom, or in individual or group sessions.
4. The program shall comply with SDCL 26-8A-3 and SDCL 26-8A-4 which requires reporting of any prior or current child neglect/abuse. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

*You are expected to maintain appropriate behavior at all times during Codington County Drug Court sessions and while in the courthouse. The Judge and Team members shall be addressed with respect. Unless prior approval is given, you will remain for the entire Codington County Drug Court proceedings. We do encourage you to show support and encouragement to fellow participants by applause. Your behavior and demeanor while in the courthouse is a reflection on the entire program. Maintaining appropriate behavior is indicative of the progress you and your fellow participants are making toward your recovery.*

### **PROGRAM PHASES**

The Codington County Drug Court consists of 3 (three) phases and is a minimum of 18 (eighteen) months in length.

Based on participants needs, an Individualized Treatment Plan and a Case Management Plan will be developed, in conjunction with the Supervision plan. The plans will outline the participant's goals, which must be achieved before advancing to the next phase. Upon completion of each Phase, the participant will submit a written request to the Team and present the request in court before they will be considered for Phase advancement. (The first Phase of the program will begin upon completion of any court ordered incarceration time is served after sentencing.)

**Completion of each phase is based on performance. The Drug Court Judge will promote participants according to individual progress with recommendations from the entire Drug Court Team.**

#### **Phase 1: Minimum of 3 (three) months**

- Attend Drug Court weekly
- Report to CSO meetings as instructed
- Attend, participate and comply with the terms and conditions of the adult probation agreement
- Attend, participate and comply with treatment plan
- Attend at least 3 (three) support group meetings weekly
- Obtain a support group sponsor
- A minimum of three random UA's per week
- Abide by curfew imposed by the Team
- Seek/obtain/participate in full time employment, training or education
- Maintain Team approved housing

- Have 60 continuous days of sobriety, remaining drug & alcohol free with clean UA's
- No negative contact with law enforcement
- Complete application and present to the Court to move to Phase 2
- Daily entries in your Planner/Journal

**Phase 2: Minimum of 6 (six) months**

- Attend Drug Court bi-weekly
- Report to CSO meetings as instructed
- Attend, participate and comply with the terms and conditions of the adult probation agreement
- Attend, participate and comply with treatment plan
- Attend at least 3 (three) support group meetings weekly and continue contact with support group sponsor
- A minimum of three random UA's per week
- Abide by curfew imposed by the Team
- Seek/obtain/participate in full time employment, training or education
- Maintain Team approved housing
- Have 90 days of sobriety, remaining drug & alcohol free with clean UA's
- No negative contact with law enforcement
- Complete application and present to the Court to move to Phase 3
- Weekly entries in your planner/journal

**Phase 3: Minimum of 9 (nine) months**

- Attend Drug Court monthly
- Report to CSO meetings as instructed
- Attend, participate and comply with the terms and conditions of the adult probation agreement
- Attend, participate and comply with treatment plan
- Attend at least 3 (three) support group meeting weekly and continue contact with support group sponsor
- Minimum of 2 (two) random UA's
- Abide by curfew imposed by the Team
- Seek/obtain/participate in full time employment, training or education

- Maintain Team approved housing
- Have 90 days of sobriety, remaining drug & alcohol free with clean UA's
- No negative contact with law enforcement
- Bi-weekly entries in your planner/journal
- Submit an application to graduate

### **INDIVIDUAL COUNSELING**

One-on-one individual sessions are held according to your needs. You will attend individual counseling sessions assigned by the treatment provider. Additional sessions may be scheduled based on your progress.

### **GROUP COUNSELING**

Group counseling is a crucial part of the recovery process. Attendance at every assigned group session is mandatory unless excused by the treatment staff. You must be on time.

The effort you put forth in each group will determine the benefits you receive. Every participant will be expected to follow the rules and to show respect to the fellow participants and the group leaders. Failure to do so will result in sanctions as determined by the Codington County Drug Court Team. The common concern of the group is that participants provide support and help each other in recovery.

### **FAMILY COUNSELING**

Family group sessions may be required to address questions or concerns you and your family has about the program, understanding of addiction, relapse, and other issues. Groups may also include children of participants and focus on basic parenting skills, building trust, and substance abuse prevention.

### **COUNSELING ATTENDANCE**

*You must attend all scheduled counseling sessions, educational sessions, and court sessions, unless you obtain prior approval to be excused. You must arrive on time and not leave until the meeting is over. If you are late, you may not be allowed to attend the session and may be considered absent. Arrangements must be made to make up missed groups before your next court appearance.*

### **SUPPORT GROUPS**

Involvement in a Codington County Drug Court Team approved support group is vital to your recovery. Attendance at these groups is mandatory and shall be documented. The fellowships will help you see how others with similar problems are recovering from their addictions. You will observe that changing to a drug-free lifestyle is a positive and exciting experience. Very few addicts and alcoholics maintain recovery without a support system.

## **INCARCERATION**

You may be required to serve time in custody while participating in the Codington County Drug Court. Jail time may be used as a sanction for various infractions of the rules, including, but not limited to, positive drug screens, missed drug screens, continuous missed groups or meetings, and inappropriate behavior. The duration of incarceration will be at the discretion of the Codington County Drug Court Team and administered by the Codington County Drug Court Judge. A participant will be given notice if the sanction of jail is imposed. The participant will have an opportunity to deny the conduct that is subject to the jail sanction. If necessary an expedited hearing will be held.

## **EMPLOYMENT**

You will be required to obtain and maintain full-time employment throughout your involvement in the program.

Participants will be permitted to change jobs while in the program; however, staff must be notified and approve the change before it takes place. If you lose your job while in the program, you will be given a time period in order to locate appropriate employment. While searching for employment, you may be required to complete a set number of community service hours each week.

Consideration will be given for going to school. You will still be expected to obtain part-time employment if going to school to achieve at least a 30-hour work-week. The work-week shall consist only of job searching, actual work hours, and school hours. Other programming such as treatment, AA/NA meetings, or meeting with your probation officer are not part of the expectations.

Employment will be verified frequently by the Court Services Officer or Drug Court Specialist either through phone contacts with the employer or copies of pay stubs. On-site visits will also be conducted. In case of incarceration, you are responsible to notify your employer. It is your obligation to inform your employer of your participation in the Codington County Drug Court and make necessary arrangements for Court appearances, groups, meetings etc.

## **VOCATIONAL/JOB TRAINING COMPONENT**

Participants with less than a high school degree or GED and those who are unemployed or underemployed will be expected to work on developing their skills. Areas in which the staff may be able to provide you with assistance include:

- Assessment of current skills
- Aptitude and interest testing
- Development of a personal action plan
- Life skills seminars
- Adult education referrals

## **DRUG/ALCOHOL SCREENS**

Drug and alcohol screens will be an integral part of your recovery. It is your responsibility to make sure that you understand and comply with the stated guidelines. If you do not feel that you fully understand, it is your responsibility to ask for clarification.

If you are using prescription or over-the-counter medications, you must bring them to the staff for viewing, approval and verification by the prescribing doctor. You may not use any over-the-counter medications that contain alcohol. You also may not use mouthwash. Failure to abide by the rules with proper procedure or a positive screen may result in sanctions.

## **DISCHARGE**

The Codrington County Drug Court Judge may terminate you from the program for violation of its terms and provisions. Any termination proceeding will be conducted on the record after written notice of the alleged violation has been provided to the participant. The Drug Court Team's recommendation to terminate a participant may be based on, but is not limited to, such grounds as follows:

- You petition the court for termination;
- Abandonment of treatment program;
- You have refused to satisfactorily participate in program requirements;
- Violating program rules;
- Abscond from the program;
- Concern for public safety;
- Threat to the integrity of the program;
- Available treatment options have been exhausted and the participant is no longer working towards recovery;
- Commission of a crime;
- Failure to attend Drug Court hearings;
- Evidence that participant is involved with the distribution of drugs or driving while under the influence;
- Evidence that participant is involved in any threatening, abusive, or violent verbal or physical behavior;
- Tampering with drug/alcohol screening tests;
- Inability to pass required drug/alcohol screening tests for any reason;
- Failure to make satisfactory progress;

The Drug Court Team may seek the termination of a participant from the program by a consensus vote. A written notification describing the alleged grounds for termination and notice of hearing will be served on the participant. The participant will have the right to counsel, including the right to counsel appointed by the court, at any termination proceedings. At the hearing on the Petition to Terminate Drug Court Participation, the participant will have the right to call and cross examine any witness. The participant will have the opportunity to address the Drug Court Team regarding the proposed termination. The Drug Court Team will then reconvene and vote on the proposed termination. If the Drug Court Team proceeds with the Petition to Terminate, the Drug Court Judge will determine whether the participant is terminated from the program. In the event that a participant is terminated from the program by the Drug Court Judge, a petition to revoke probation will be filed and hearing will be scheduled before the original sentencing circuit court judge.

## **GRADUATION**

Graduation comes at successful completion of the program. In addition to meeting program requirements, you should be able to show how the Codrington County Drug Court has positively influenced your life. Before graduation, you must complete an exit interview. Graduates will be honored and receive certificates at a special graduation ceremony. At the ceremony, you may invite friends, family, and others you would like to have there. Graduation is the culmination of the program but marks the beginning of new opportunities and a new lifestyle for yourself and those around you.

## **PROGRAM EVALUATION**

During the course of the Codington County Drug Court, information will be gathered on all participants that will be used to analyze the program and make changes to enhance the program. All information that is confidential and is protected by 42 C.F.R. will remain confidential. In the interest of evaluating the program, you will be asked to participate in follow-up surveys.

APPENDIX A

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

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STATE OF SOUTH DAKOTA,	)	
	)	<b>INTENSIVE PROBATION</b>
vs	)	<b>SUPERVISION</b>
	)	DOCKET NO:
	)	
,	)	
	)	
Defendant	)	

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In accordance with the judgment of conviction and order suspending sentence dated the day of , you have been placed on Intensive Probation with Court Services by the Honorable Circuit Court Judge, in and for County, South Dakota. You shall comply with all the following terms and conditions in this order as well as any conditions stated in the order suspending sentence.

**STANDARD CONDITIONS OF INTENSIVE PROBATION**

1. You shall not violate any municipal, state or federal laws during supervision.
2. You shall maintain a permanent residence and shall not move from that residence without prior consent of your Court Services Officer.
3. You shall not leave the County area unless given written permission by your Court Services Officer.
4. You shall report in person to your Court Services Officer as directed.
5. You shall allow the Court Services Officer to make either scheduled or unscheduled contacts at your place of employment, residence or other locations, and respond to all reasonable requests by the Court Services Officer.
6. You shall seek or maintain gainful employment and support yourself and your dependents. Or, with the consent of your Court Services Officer, you may attend a full-time education or training program. You shall not terminate the employment, education or training program without permission of your Court Services Officer, nor be terminated by your employer or education or training program for cause. If unemployed and not attending an education or training program, you shall actively seek employment on a daily basis.
7. You shall not possess any firearm, explosive or other destructive device, or any other dangerous weapon.
8. You shall not consume nor possess alcoholic beverages or frequent establishments where they are sold or served.
9. That the Defendant not use any marijuana, controlled drugs or substances or have any in his possession and that he not associate with any known users of, or traffickers in, controlled drugs or substances.
10. You shall submit to periodic tests of your blood, breath and urine, as directed by the Court Services Officer.

11. You shall submit your person, property, place of residence and vehicle to search and seizure upon the demand of the Court Services Officer at anytime of the day or night with or without a search warrant.
12. You shall obtain counseling and/or treatment for drug abuse, alcohol abuse or other area of need as directed by our Court Services Officer.
13. You shall complete a probation report form if requested during office visits and provide it to your Court Services Officer.
14. You shall report by telephone to your Court Services Officer as directed and leave your name, location, date and time of call.
15. You shall have a phone or access to a phone at your place of residence and place of employment.
16. You shall have transportation or make arrangements for transportation in order to fulfill the terms of your probation.
17. You shall have a "positive support" person in the community.
18. You shall complete community service hours as directed by your Court Services Officer.
19. You shall remain in your residence from \_\_\_\_\_ P.M. to \_\_\_\_\_ A.M. unless waived by your Court Services Officer. In the event of an emergency, you shall immediately notify your Court Services Officer.
20. You shall not frequent any areas nor associate with persons as designated by your Court Services Officer.
21. You shall comply with any other conditions as required by the Court or directed by your Court Services Officer.

22. Pay the following to the Clerk of Courts, \_\_\_\_\_  
(address)

\$ \_\_\_\_\_ Restitution  individually liable  jointly and severally responsible  
 \$ \_\_\_\_\_ Court costs  
 \$ \_\_\_\_\_ Fines  
 \$ \_\_\_\_\_ Blood/drug/DNA/transcript costs  
 \$ \_\_\_\_\_ Court appointed attorney fees  
 \$ \_\_\_\_\_ Other \_\_\_\_\_  
 \$ \_\_\_\_\_

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

**SPECIAL CONDITIONS OF INTENSIVE PROBATION**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

BY THE COURT:

ATTEST:

\_\_\_\_\_  
Circuit Court Judge

\_\_\_\_\_, Clerk

\_\_\_\_\_, Deputy

I have read these conditions carefully, have had them fully explained, and have received a copy of them. I have had the opportunity to ask questions about these conditions, understand them fully and agree to abide by them. I also understand if I violate these conditions I have violated my probation and may be brought before the Court for revocation and imposition of sentence.

\_\_\_\_\_  
Defendant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Court Services Officer

\_\_\_\_\_  
Date