

# Drug Court Application



## Application Process

1. Read through the Participant Manual with defense attorney.
  2. Fill out and submit the following application and Consent for Disclosure of Confidential Substance Abuse Treatment Information to the Drug Court Office in the \_\_\_\_\_ Court House.
  3. **Once application is received** by the Drug Court, you will be required to keep two scheduled appointments. These appointments must be completed before the Team will further consider your application.
    - The Court Services Office will call you to schedule a LSI-R (Risk/Needs Assessment)
    - \_\_\_\_\_ will call you to schedule a Treatment Needs Assessment
- \*Your attorney will receive written notification of acceptance or denial into the program.
4. If you are accepted into the program, you must complete the following forms, which are included in the Participant Handbook.
    - Drug Court Publicity Consent Form
    - Drug Court Treatment Program Basic Understanding, Waivers and Agreements
    - Drug Court Participant Manual Receipt and Acknowledgement
    - South Dakota Prescription Drug Monitoring Program



Unified Judicial System

Application to \_\_\_\_\_ Drug Court Program

\_\_\_\_\_ Judicial Circuit

Date of Application	Do you need disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:	Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language:
Name		Alias
Race	Sex	Date of Birth
Current Address (Street)		Telephone Number
		Cell Phone Number
City	State	Zip
Other States Lived in:		
How Long at this Address?	Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number
Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		State ID Number
Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Dependents
<b>Significant Other</b>		
NAME- Last, First, Middle (include Aliases)		DOB
		Criminal Court Involvement-If so what?
<b>Other Members of Household</b>		
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
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 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		GED <input type="checkbox"/>	Graduation <input type="checkbox"/>
Skill or Trade		Certification or Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 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	
<p><b>"The defendant consents to the disclosure of Drug/DUI 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/DUI Court Program."</b></p>			
_____ Defense Attorney Signature Date		_____ Applicant Signature Date	