



PENNINGTON COUNTY DUI COURT APPLICATION PROCESS

Once a DUI Court offer has been extended by the DUI Court Prosecutor:

1. The applicant reads through the Participant Manual with their defense attorney.
2. The applicant fills out and submits the following "Application to Pennington County DUI Court Program" and "Records Release Authorization" forms to the Pennington County DUI Court, in the Court Services Office of the Pennington County Court House.
3. The applicant meets with their defense attorney and the DUI Court Defense Attorney to complete the "Pennington County DUI Court Treatment Program Basic Understanding, Waivers and Agreements."
4. The applicant enters a guilty plea.
5. The applicant completes an updated drug and alcohol evaluation and provides a copy of the evaluation to the DUI Court Court Services Officer (CSO).
6. The applicant meets with the DUI Court CSO to complete a Presentence Investigation (PSI) and a Level of Service Inventory-Revised (LSI-R) risk/needs assessment.
7. The DUI Court CSO provides the discovery and evaluation to the DUI Court Team for review.
8. The DUI Court Team votes to accept or deny the pending application.
9. If accepted into the DUI Court program, the applicant's case is transferred to the Pennington County DUI Court Sentencing Judge for sentencing.
If sentenced to probation with DUI Court, the following forms must be completed:
 - Consent for Disclosure of Confidential Substance Abuse Treatment Information
 - Pennington County DUI Court Publicity Consent
 - Consent for Disclosure of South Dakota Prescription Drug Monitoring Program Information
 - Pennington County DUI Court Participant Manual Receipt and Acknowledgement
10. If not accepted into the DUI Court program, the applicant is returned to the traditional legal process.

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



Unified Judicial System

Application to Pennington County DUI Court

Seventh 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	
Significant Other				
NAME- Last, First, Middle (include Aliases)		DOB	Criminal Court Involvement-If so what?	
Other 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
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 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	
<p>"The defendant consents to the disclosure of DUI/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 DUI/Drug Court Program."</p>			
_____ Defense Attorney Signature Date		_____ Applicant Signature Date	

Pennington County DUI Court

Unified Judicial System

7th Judicial Circuit

Records Release Authorization (DUI Court Involvement)

I, _____ authorize

(Name of Client)

- The Pennington County DUI Court Team (to include the Judge, defense attorney, prosecutor, probation officers, treatment representatives, law enforcement, and other DUI Court team members)

AND

- Treatment Provider(s) (to be added once known):

(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 DUI 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 **DUI 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.

Pennington County DUI Court

Unified Judicial System

7th Judicial Circuit

Records Release Authorization (Referral for Treatment)

I, _____ herby give permission to

(Name of Client)

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

To release from my files the following information: results of substance abuse evaluation, involvement and requirements of the DUI 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)

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 DUI 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 **DUI 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.

Pennington County DUI Court

Unified Judicial System

7th Judicial Circuit

Records Release Authorization (Personal/Reciprocal)

I, _____ herby give permission to
(Name of Client)

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

To release from my files the following information:

(Extent and nature of any additional information)

This information is to **be released to:**

(Person/program/organization receiving consent for disclosure)

The **purpose** or need for the disclosure is:

(reason for the disclosure)

This **consent is subject to revocation** at any time except to the extent that action has been taken in reliance thereon, and will otherwise expire on/at:

(Date/Event/Condition/or N/A)

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