

Sixth Circuit Drug/DUI Court Application



Sixth Circuit Drug / DUI Court Application Process

(revised August 19, 2014)

1. Fill out and submit the attached application to the Drug / DUI Court Office in the Fort Pierre Court House. Court Services Officer, Tara Huebner or Support Staff Specialist, Amanda Van Balen. Phone number is 223-7617 or 223-7618.
2. **Once application is received** by the Sixth Circuit Drug / DUI Court, you will be instructed to immediately schedule two appointments. These 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)
 - ❑ Capital Area Counseling Services will call you to schedule a Treatment Needs Assessment

You will receive written notification of acceptance or denial into the program.

Program Outline:

Sixth Circuit Drug / DUI Court are specialized courts, operating on a weekly basis, and dedicated to the assessment and intense supervision of participants. This is a voluntary program. The program includes regular Court appearances before the Drug / DUI Court Judge, chemical dependency treatment, individual/group counseling, alcohol/drug testing, and regular attendance at support group meetings. The 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 16 months.

Application Requirements:

All participants must voluntarily make application to the Sixth Circuit Drug / DUI Court, undergo an eligibility assessment, and complete a chemical dependency evaluation. All candidates must make an application to the Sixth Circuit Drug / DUI Court within 30 days from the date of arrest. Sixth Circuit Drug / DUI Court Team must approve all applications.

Screening and Eligibility for Drug Court:

The Drug Court will give preference to timely applications that meet the screening eligibility, all subject to the capacity of the program. Applicants meeting the following criteria will be considered for admission:

- Felony drug offender over the age of eighteen not currently convicted for distribution of a controlled substance or marijuana;
- Willingness to participate in the Drug Court program on a voluntary basis as demonstrated by completion of a signed application;
- Applicant cannot be a registered sex offender or be required to register as a sex offender;
- Applicant cannot have a violent offense conviction as defined by SDCL § 22-1-2(9);¹
- Significant convictions or arrests related to driving violations, but fewer than seven lifetime convictions for driving under the influence unless otherwise determined appropriate by the local Drug Court team;
- Applicant has been assessed for eligibility using a validated risk-needs assessment tool and a validated clinical assessment tool, is addicted to illicit drugs or alcohol, and is at substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation or pretrial supervision;
- Applicant has a significant history of drug convictions;
- Applicant has passed a legal screening for entry into the Drug Court program conducted by the prosecutor with jurisdiction over the offense;
- Applicant may have a co-occurring disorder or other medical condition and still be considered for the program;
- Applicant has made reasonable efforts to ensure that the time between arrest and entry into the Drug Court program is less than 30 days;
- Applicant resides within 25 miles of the Stanley County Courthouse in order to allow for intensive supervision.

¹ "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.

Screening and Eligibility for DUI Court:

The DUI Court will give preference to timely applications that meet the screening eligibility, all subject to the capacity of the program. Applicants meeting the following criteria will be considered for admission:

- Felony DUI offender over the age of eighteen;
- Applicant is willing to participate in the DUI Court program on a voluntary basis as demonstrated by completion of a signed application;
- Applicant cannot be a registered sex offender or be required to register as a sex offender;
- Applicant cannot have a violent offense conviction as defined by SDCL § 22-1-2(9);²
- Applicant has fewer than seven lifetime convictions for driving under the influence unless otherwise determined appropriate by the local DUI Court team;
- Applicant has been assessed for eligibility using a validated risk-needs assessment tool and a validated clinical assessment tool, is addicted to illicit drugs or alcohol and is at substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation or pretrial supervision;
- Applicant has passed a legal screening for entry into the DUI Court program conducted by the prosecutor with jurisdiction over the offense;
- Applicant may have a co-occurring disorder or other medical condition;
- Applicant has made all reasonable efforts to ensure that the time between arrest and entry into the DUI Court program is less than 30 days;
- Applicant resides within 25 miles of the Stanley County Courthouse in order to allow for intensive supervision.

² "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.

Process of Admission

The process of admission to the program is as follows:

1. The States Attorney completes a legal screening to determine if an applicant meets the criteria of the program. The applicant will be notified if they are eligible to apply to the Drug/DUI Court via their defense attorney.
2. The applicant must submit an application to the Drug or DUI Team with the assistance of their attorney. The goal is to have participants in the program within 30 days of their arrest.
3. Upon receipt of an application, the Court Services Officer (“CSO”) and the Support Staff Specialist will meet with the applicant. At that time the CSO will conduct a risk and needs assessment referred to as the LSI-R. Only applicants scoring a high overall risk score on the LSI-R will be considered for the program.
4. Lastly, the applicant will meet with a licensed chemical dependency counselor who is part of the Drug/DUI Team. A Drug Court applicant will meet the criteria of the program if they have a drug dependency diagnosis on the chemical dependency evaluation/SASSI screening. A DUI Court applicant will meet the criteria of the program if they have an chemical dependency diagnosis on the chemical dependency evaluation/SASSI screening. .

If the applicant meets the criteria, submits an application, scores a qualifying score on the LSI-R and receives the appropriate diagnosis from the chemical dependency evaluation, the application will then be considered by the entire Drug or DUI Court Team. The Team will base its decision on the information received by the team and the capacity of the program. The applicant will be given written notice of the Teams’ decision. If the applicant is accepted into the program, an arraignment/sentencing hearing will be scheduled. If the applicant is not accepted, written notice will be provided to the applicant and the applicant will go back to the traditional court process.



Unified Judicial System

Application to the Sixth Circuit Drug/DUI Court

Date	Which Court are you applying for? DUI <input type="checkbox"/> Drug <input type="checkbox"/>	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 Number <input type="checkbox"/> Yes <input type="checkbox"/> No Reliable Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Co-Habitant		Relationship	
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	
Next of Kin	Relationship	Telephone Number	
Current Employer	Monthly Income	Receive Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/>			
On Probation Currently <input type="checkbox"/> Yes <input type="checkbox"/> No		Probation Officer	
Current Charges			Offense Date:
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:	
Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Charges	
Defense Attorney Name		Telephone Number	
_____ Defense Attorney Signature		_____ Applicant Signature	
_____ Date		_____ Date	

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL
SUBSTANCE ABUSE TREATMENT INFORMATION**

I, _____, having agreed to enroll and participate in the Adult Drug / DUI 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 participant) 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/ DUI 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/DUI 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/DUI 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/DUI 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/DUI 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 re-disclosure 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 re-disclosure to third persons who may be in attendance at any of my Drug/DUI 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 / DUI Court requirements, or upon sentencing for violating the terms of my Drug / DUI Court involvement.

_____ Date _____
Drug/DUI Court Participant

_____ Date _____
Witness

Adult Drug/DUI Court Program
Unified Judicial System
Sixth Judicial Circuit

Records Release Authorization (Drug/DUI Court Involvement)

I, _____ authorize
(Name of Participant)

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

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 Drug/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 **Drug/DUI Court Program.**

Signature of Participant

Date

Signature of Witness

Date

This information has been disclosed to you from records protected by federal confidentially 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.

Adult Drug/DUI Court Program

Unified Judicial System

_____ Judicial Circuit

Records Release Authorization (Referral for Treatment)

I, _____ hereby give permission to

(Name of Participant)

(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 Drug/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 Drug/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 **Drug/DUI Court Program**.

Signature of Participant

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.

Adult Drug/DUI Court Program
Unified Judicial System
_____ Judicial Circuit

Records Release Authorization (Personal/Reciprocal)

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

(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 Participant

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

Sixth Circuit Drug / DUI Court

Agreement of Participation

Name _____ DOB _____

1. **Chemical Dependency 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 Sobriety 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 Sixth Circuit Drug / DUI 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 Sixth Circuit Drug / DUI Court. 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, arrest, or law enforcement contact must be reported to the Sixth Circuit Drug / DUI 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 Sixth Circuit Drug / DUI Court Staff prior to changing employment. I will maintain 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.
6. **Agreement to Make All Scheduled Appearances:** I will provide for my own transportation and shall appear as scheduled for Sixth Circuit Drug / DUI Court sessions and all other appointments.
7. **Costs Related to Program:** I agree to pay all costs for my participation in the Sixth Circuit Drug / DUI Court as set by Treatment and the Court after consideration of my financial resources.
8. **Medical Issues:** I agree to seek medical attention when appropriate and follow through with the recommendations. Any prescribed and/or over-the-counter medications will be reported to the Sixth Circuit Drug / DUI Court Services Officer.
9. **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.
10. **Appropriate Behavior among Participants:** I agree to respect the opinions and feelings of other 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 Sixth Circuit Drug / DUI Court participants and agree to not associate with others that the team deems is a detriment to my progress while actively involved in the Drug/DUI Court. Participants will not be allowed to have contact outside of programming with individuals that are on traditional probation and/or parole unless permission is granted by the Drug/DUI Court Team.
11. **Gambling:** I will not gamble nor enter any gambling establishments without the written permission of my supervising officer. This includes but is not limited to Lottery Tickets and/or scratch tickets.
12. **Site Visits:** I understand site visits to my home and place of employment will be conducted by the Sixth Circuit Drug / DUI Court and/or law enforcement officers.
13. **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.

- 14. Travel:** I will not leave the Pierre/Ft. Pierre area without prior approval of Sixth Circuit Drug / DUI Court Team.
- 15. Curfew:** I agree to abide by a curfew set by the Sixth Circuit Drug / DUI Court. 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.
- 16. Conditions of Supervision:** I agree to abide by all other conditions of supervised probation.
- 17. Appropriate Relationships:** I agree not to associate with individuals the Team determines may be detrimental to my recovery.
- 18. Driving:** Participants will have their driver's license suspended for a period of time.

Participant: _____
Date: _____