

# Application for Drug Court

PO Box 939  
Sturgis, SD 57785

Northern Hills Drug Court  
Fourth & Seventh Judicial Circuits

Phone: (605) 347-7648  
Fax: (605) 347-0193

<b><u>NAME:</u></b>	<b><u>DATE OF BIRTH:</u></b>
<b><u>ADDRESS:</u></b>	<b><u>PHONE(S):</u></b>
<b><u>VALID DRIVER'S LICENSE NUMBER:</u></b>	<b><u>DEFENSE ATTORNEY:</u> (NAME/PHONE)</b>
<b><u>DRUG &amp; ALCOHOL EVAL COMPLETED:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><u>ARE YOU AN ADDICT:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b><u>AGENCY COMPLETING EVALUATION:</u></b>	<b><u>PRIMARY DRUG OF CHOICE:</u></b>
<b><u>CHARGES PENDING:</u></b>	<b><u>COURT SERVICE OFFICER:</u></b>
<b><u>CURRENT EMPLOYER:</u></b>	<b><u>PRIMARY CARE PROVIDER / PHYSICIAN:</u></b>
<b><u>HIGHEST GRADE COMPLETED:</u></b>	<b><u>SKILL OR TRADE:</u></b>
<b><u>GED or GRADUATION:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><u>CERTIFICATION or DEGREE:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b><u>MENTAL HEALTH DIAGNOSIS:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><u>PSYCHOTROPIC MEDICATIONS:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ALL DIAGNOSES:	LIST ALL MEDICATIONS:
<b><u>RECEIVE DISABILITY:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><u>PHYSICAL IMPAIRMENTS:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST DISABILITIES:	LIST IMPAIRMENTS:
<b><u>CURRENTLY LIVING WITH OTHERS:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><u>DO YOU HAVE CHILDREN:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST HOUSEHOLD MEMBERS/RELATIONSHIP:	NAME/AGE/LOCATION OF CHILDREN:
<b><u>RELIABLE TRANSPORTATION:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><u>PAY CHILD SUPPORT:</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO

I, the undersigned, hereby grant permission to my lawyer, to disclose any information contained in my record to Drug Court. Such information may include my complete criminal history, substance abuse information, and charging documents pertaining to my case. This information is not used to determine my guilt or innocence, rather in reference to my interest and application for involvement within the Drug Court.

Client Signature: \_\_\_\_\_

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

Attorney Signature: \_\_\_\_\_

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

This notice accompanies a disclosure of information concerning a court alcohol and drug program client that is made to you with the client's consent. This information has been disclosed to you from records that are protected by Federal confidentiality rules (42C.F.R 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.C.F.R. 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 client.