



Pennington County Drug Court

Pennington County Courthouse · 315 St Joseph Street
PO Box 230 · Rapid City, SD 57709
Phone: 605.394.2595 · Fax: 605.394.3373

APPLICATION INSTRUCTIONS

Once a Drug Court offer has been extended by the Drug 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 Drug Court Program” and “Records Release Authorization” forms to the Pennington County Drug Court, in the Court Services Office of the Pennington County Courthouse.
3. The applicant’s defense attorney signs the applicant up for a Presentence Investigation (PSI).
4. The applicant meets with their defense attorney and the Drug Court Defense Attorney to complete the “Pennington County Drug Court Treatment Program Basic Understanding, Waivers and Agreements” and the “Consent for Release of Confidential Information.”
5. The applicant completes an updated Treatment Needs Assessment and provides a copy of the assessment to the Drug Court Court Services Officers (CSOs).
6. The applicant enters a guilty plea.
7. The applicant meets with a Court Services Officer to complete a Presentence Investigation (PSI) and a Level of Service Inventory-Revised (LSI-R) risk/needs assessment.
8. The applicant meets with the Drug Court CSOs for a Drug Court interview.
9. The Drug Court CSOs provide the discovery and evaluation to the Drug Court team for review.
10. The Drug Court Team votes to accept or deny the pending application.
11. If accepted into the Drug Court program, the applicant is sentenced to probation with Drug Court. The same sentencing judge is utilized in all cases.

If sentenced to probation with Drug Court, the following forms must be completed:

- Participant Contract
 - Drug/Alcohol Testing Contract
 - Medication Policy
 - Consent for Disclosure of South Dakota Prescription Drug Monitoring Program Information
 - Publicity Consent
 - Participant Manual Receipt and Acknowledgement
12. If not accepted into the Drug 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 the
 Pennington County Drug Court program
 Seventh Judicial Circuit

Date of Application	Disability accommodations needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language:
Name		Alias
Race	Sex	Date of Birth
Current Address (Street)		Phone Number:
		Alternate Phone Number
City	State	Zip
How Long at this Address:		Other States Lived in:
Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch: Discharge:
Children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dependents:
Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Photo ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo ID Number:
Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License Number:		
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			Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Skill or Trade			Certification or Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gang Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gang Nickname:			
Gang Affiliation:					
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				Date:	
If yes, name of court					
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 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 Drug Court Program."</p>					
_____		_____		_____	
Defense Attorney Signature		Date		Applicant Signature	
				Date	



Pennington County Drug Court

Pennington County Courthouse · 315 St Joseph Street
PO Box 230 · Rapid City, SD 57709
Phone: 605.394.2595 · Fax: 605.394.3373

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED INFORMATION

Patient Name: _____ Date of Birth: _____

I authorize _____ to disclose protected health information about me and exchange information between agencies:

<u>PENNINGTON COUNTY DRUG COURT TEAM MEMBERS:</u>	
Matt Brown, Drug Court Judge	Nicole Drew, Court Services Officer
Heidi Linngren, Alternate Drug Court Judge	Kelly Veneklasen, Court Services Officer
Ashlee Cook, Treatment Court Coordinator	Danielle Colichieski, Addiction Treatment Representative
Koln Fink, Prosecuting Attorney	Holly Edwards, Mental Health Treatment Representative
Randal Connelly, Defense Attorney	Mark Hughes, Pennington County Sheriff's Office
	Scott Sitts, Rapid City Police Department

The following information is to be released:

_____ **Medical:** History and physical exams, medical evaluations, operative and pathology reports, lab results, consultation reports, emergency department reports, hospital outpatient/clinic notes, medications, discharge summaries

_____ **Alcohol and Drug Abuse:** Results of substance abuse evaluation/Treatment Needs Assessment, pertinent medical and/or psychological information, drug test results, other diagnostic test results, social and/or chemical use history/assessment, discharge summary reports

_____ **Psychological/Psychiatric:** Mental health history/assessment/consultations, test interpretations, medications, discharge summary reports

This information will be used by the Pennington County Drug Court program to conduct an evaluation; and/or to develop, implement, and monitor compliance with a supervision plan.

I understand that once this information has been released to the recipient, there is a potential that this information might be disclosed to a third party and is no longer protected by HIPPA rules.

I understand I have the right to inspect and receive a copy of my treatment records that may be disclosed to others.

Treatment may not be conditioned on my agreement to sign this authorization. I may revoke this authorization at any time by notifying, in writing the above listed facility.

A photocopy or fax of this authorization shall be considered valid as if it were an original.

Signature: _____ Date: _____

Witness: _____ Date: _____

This authorization form complies with the regulations set forth in 42 CFR 2.31, and is subject to revocation at any time except to the extent that action has been taken in reliance on it. In the absence of prior revocation, this consent will expire one year from today. Section 2.39, Subd. D, shall apply when this form is received by a treatment program.



Pennington County Drug Court

Pennington County Courthouse · 315 St Joseph Street
PO Box 230 · Rapid City, SD 57709
Phone: 605.394.2595 · Fax: 605.394.3373

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED INFORMATION

Client Name: _____ Date of Birth: _____

Other Agency: _____ to/from:

PENNINGTON COUNTY DRUG COURT TEAM MEMBERS:

Matt Brown, Drug Court Judge	Nicole Drew, Court Services Officer
Heidi Linngren, Alternate Drug Court Judge	Kelly Veneklasen, Court Services Officer
Ashlee Cook, Treatment Court Coordinator	Danielle Colicheski, Addiction Treatment Representative
Koln Fink, Prosecuting Attorney	Holly Edwards, Mental Health Treatment Representative
Randal Connelly, Defense Attorney	Mark Hughes, Pennington County Sheriff's Office
	Scott Sitts, Rapid City Police Department

I hereby authorize the Pennington County Drug Court program to release to and receive from the above-named person or agency information for use by the Pennington County Drug Court in making a determination of my case. The specific information now requested relates to:

_____ Employment Records; Dates of employment: _____

(Summary of work record, relationship to co-workers and management, reason for termination, and eligibility for rehire)

_____ Military records; Branch: _____ Dates: _____

_____ Police records including: _____

_____ Scholastic records and school adjustment (including counseling): Graduated? _____ Grades completed: _____

Dates attended: _____

_____ Social information (include personal adjustment)

_____ Other: _____

This information will be used by the Pennington County Drug Court program to conduct an evaluation and/or decide on a supervision plan.

I understand that once this information has been released to the recipient, there is a potential that this information might be disclosed to a third party and is no longer protected by HIPPA rules.

I understand I have the right to inspect and receive a copy of my treatment records that may be disclosed to others.

Treatment may not be conditioned on my agreement to sign this authorization. I may revoke this authorization at any time by notifying, in writing the above listed facility.

A photocopy or fax of this authorization shall be considered valid as if it were an original.

Signature: _____ Date: _____

Witness: _____ Date: _____

This authorization form complies with the regulations set forth in 42 CFR 2.31, and is subject to revocation at any time except to the extent that action has been taken in reliance on it. In the absence of prior revocation, this consent will expire one year from today. Section 2.39, Subd. D, shall apply when this form is received by a treatment program.



Pennington County Drug Court

Pennington County Courthouse · 315 St Joseph Street
PO Box 230 · Rapid City, SD 57709
Phone: 605.394.2595 · Fax: 605.394.3373

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

PENNINGTON COUNTY DRUG COURT TEAM MEMBERS:

Matt Brown, Drug Court Judge	Nicole Drew, Court Services Officer
Heidi Linngren, Alternate Drug Court Judge	Kelly Veneklasen, Court Services Officer
Ashlee Cook, Treatment Court Coordinator	Danielle Colichieski, Addiction Treatment Representative
Koln Fink, Prosecuting Attorney	Holly Edwards, Mental Health Treatment Representative
Randal Connelly, Defense Attorney	Mark Hughes, Pennington County Sheriff's Office
	Scott Sitts, Rapid City Police Department

I, _____, (DOB: ___/___/___), hereby consent to communication between the Pennington County Drug Court including the Drug Court Judges, the Pennington County State's Attorney's Office, the Attorney General's Office, Randal Connelly Attorney At Law (or my privately hired attorney: _____), Pennington County Court Services, ROADS Outpatient Treatment, Scovel Psychological, the Pennington County Sheriff's Office, and the Rapid City Police Department.

The purpose for this disclosure is to assist the Drug Court in evaluating and determining my prognosis, compliance and progress in accordance with Drug Court criteria. The information is needed to provide continuity of care through interagency communication and referral; and to assist in the case management of my progress. Information will be gathered from the above agencies and shared between representatives of these agencies.

The extent of the information to be disclosed is the recommendation of my chemical use assessment, my attendance record at treatment sessions, drug testing results, my level of cooperation with the treatment program, completion of program and assessment information required for local, state, and national research. Disclosure of this confidential information may be made only as necessary for and pertinent to hearings and/or reports to the Drug Court team and concerning my specific Drug Court file.

ANY DISCLOSURE MADE IS BOUND BY PART 2 OF TITLE 42 OF THE CODE OF FEDERAL REGULATIONS, WHICH GOVERNS THE CONFIDENTIALITY OF SUBSTANCE ABUSE CLIENT RECORDS. RECIPIENTS OF THIS INFORMATION MAY NOT RE-DISCLOSE IT WITHOUT SPECIFIC WRITTEN CONSENT OF THE CLIENT.

Any information obtained through this release is for the exclusive use of my immediate Drug Court team. All documents generated by this release shall be kept apart from my court file.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective end to my involvement with the Drug Court for the above-referenced case, such as the discontinuation of court proceedings upon the successful completion of the Drug Court requirements or upon termination from the program for violating the terms of my Drug Court involvement.

Signature: _____ Date: _____

Witness: _____ Date: _____

This authorization form complies with the regulations set forth in 42 CFR 2.31, and is subject to revocation at any time except to the extent that action has been taken in reliance on it. In the absence of prior revocation, this consent will expire one year from today. Section 2.39, Subd. D, shall apply when this form is received by a treatment program.