# **Drug/DUI Court Application Process**

Fill out the attached the application and take it to the State's Attorney's Office. Also, notify the Drug/DUI Court probation officer at 701-328-1418 that you have submitted an application.

If your application is approved by the State's Attorney's Office, you must immediately schedule two appointments:

• Call the Drug/DUI Court Probation officer (701-328-1418) to schedule an interview.

The application must be made within <u>30 days of your first appearance</u> in Court. There are no exceptions. You must make the necessary calls to schedule the evaluation and interview within a day of having your application approved.

After the evaluation and interview, the Drug/DUI Court Team will consider your application. If you are accepted, you will be notified, and a notice will be placed in your court file.

Updated Novemberr 2023

# **Program Outline**

The Bismarck – Mandan Drug/DUI Court is a court-supervised treatment-oriented program and targets non-violent participants whose major problems stem from substance abuse. The Drug/DUI Court is a voluntary program, which includes regular court appearances before the Drug Court Judge. Treatment includes drug testing, individual and group counseling, and regular attendance at a self-help group (Alcoholics Anonymous and Narcotics Anonymous). The probation and the treatment team may also assist with obtaining education and skills assessments and will provide referrals for vocational training, education and/or job placement services. The program length, determined by the participant's progress, will be no less than 1 year. Successful completion from the Drug Court Program may result in having the original charge(s) dismissed or probation terminated early.

# **Entrance Requirements**

All participants must voluntarily make application to the Drug/DUI Court, provide a drug screen, and undergo an eligibility and chemical addiction assessment. All candidates must apply for the program within **30** days from the first court appearance but no longer than **60** days from the date of arrest. Candidates may enter the program after approval by the Drug Court team.

## **ENTRY CRITERIA**

### **Controlled Substance Offenders**

1. Multiple prior misdemeanor or felony controlled substance offenses, and current offense is a class A misdemeanor or more serious charge

#### OR

First felony controlled substance offense with a supporting history of substance abuse.

- 2. Candidates must demonstrate a willingness to accept responsibility for their criminal conduct and amenability to treatment.
- 3. Candidates must receive a chemical addiction evaluation and have a chemical addiction diagnosis.
- 4. Candidates must live and work in Bismarck or Mandan or close enough to one of those cities to allow for effective probation supervision.

## **DUI Offenders**

- 1. Entry criteria for Controlled Substance offenders 2 through 4 apply.
- 2. The offense must be at least a class A misdemeanor.
- 3. Neither the current nor any prior DUI offense can have included injury to anyone other than the candidate.

# **Probation Revocation Defendants**

- 1. Entry criteria for Controlled Substance offenders 2 through 5 and criteria 3 for DUI offenders apply.
- 2. A probationer must make application to participate in Drug / DUI Court within 30 days of the date on which a petition for revocation of probation is signed by a judge. The probation officer who most recently supervised the probationer and the State's Attorney or an Assistant State's Attorney must approve the application.

### **REQUEST FOR ADMISSTION INTO THE Bismarck-Mandan Drug/DUI Court**

]	[,	, state under penalty of law,
that on		(Print name) I was accused of/charged with the following offense(s):
-	(Date)	2 2 ()

I have not been involved in a motor vehicle collision that resulted in injury or death to another person while under the influence of alcohol or drugs.

I need substance abuse treatment and want to participate in the drug court program. I have read the entire contents of this document, understand everything in this document, and am willing to follow the requirement of the drug court program if I am admitted into the program.

(Name – Signature)	(Date)	(Home/Cell phone numbers)	
(Address)	(City)	(State and Zip Code)	
YOU MUST COMPLETE THIS APPLICATION AND TURN IT I			
	STATE'S ATTORNEY	Y'S OFFICE.	

DO NOT WRITE BELOW THIS LINE (FOR PROSECUTOR AND COURT CLERKS ONLY)

Form received by State's Attorney \_\_\_\_\_

Participation in the Drug Court Program is \_\_\_\_\_ Approved \_\_\_\_\_ Denied

(State's/Assistant State's Attorney's Signature)

(File Number)

(Court Date and Time)

(Clerk's Initials)

(Date)

## CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION: DRUG/DUI COURT REFERRAL

I, \_\_\_\_\_ DOB: \_\_\_\_\_,

hereby consent to communication between West Central Human Service Center, and Heartview Foundation, Honorable Judge Cynthia Feland, Honorable Judge Pamela Nesvig, Burleigh County State's Attorney's Office, Morton County State's Attorney's Office (Circle appropriate office), the North Dakota Department of Corrections – Division of Field Services, Heartview and

(Defense Counsel)

The purpose of, and need for this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for the substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the drug court program's monitoring criteria.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/or reports concerning:

(List Charges & Case Number)

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 program for the abovereferenced case, such as the discontinuation of all court supervision upon my successful completion of the drug court requirements OR upon sentencing for violating the terms of my drug court involvement.

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 records and that recipients of this information may re-disclose it only in connection with their official duties.

I also understand that for research purposes, information will be gathered and utilized for program analysis and protection under Part 2 of Title 42 CFR applies.

(Date)

(Name)

(Signature)

(Signature of Defense Counsel)