Treatment Court
Application Process

Fill out the attached application and take it to the State's Attorney's Office. Also, notify the Treatment Court Coordinator at (701) 319-3938 that you have submitted an application.

If your application is approved by the State's Attorney's Office, you will receive a call from the Treatment Court Coordinator.

The application must be made within **30 days of your initial appearance** in court.

After the evaluation and interview, the Treatment Court Team will consider your application. If you are accepted, you will be notified.

Program Outline

The South-Central Judicial District Treatment Court is a court-supervised treatment-oriented program targeting participants whose major problems stem from substance use disorders. Treatment Court is a voluntary program, which includes regular court appearances before a Treatment Court Judge. Participants must also attend treatment, submit to continuous or random drug and alcohol testing, and maintain regular attendance at community engagement activities. Participants may receive assistance in obtaining education, housing, vocational training, and job placement services. The program length, determined by the participant's progress, shall be no less than 14 months. Successful completion and "commencement" from the Treatment Court program may result in modification of probation conditions, early termination of probation, and/or reduction/dismissal of criminal charges.

Entrance Requirements

All participants must voluntarily make application to the Treatment 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 Treatment Court team.

Entry Criteria

Applicants must:

1. Apply within 30 days of their initial appearance.
2. Complete the application and be willing to participate in the program.
3. Score 24 or higher on the Level of Service Inventory-Revised Assessment (LSI-R) and/or score moderate or severe on the Texas Christian University Drug Screen (TCU).
4. Be facing charges of Class A misdemeanor or greater and have a criminal history including prior misdemeanor/felony drug or alcohol offenses or;
5. Be facing felony charges and have a history of substance use.
6. Submit to a diagnostic assessment and have a substance use disorder diagnosis.
7. Reside in the Bismarck/Mandan, Lincoln area.
8. Have an agreement of a Treatment Court disposition for unresolved out of State criminal cases.

Applicants must not:

1. Be a registered Sex Offender.
2. Have a pending Federal indictment.
3. Be a violent offender as defined under federal law.

Probationers in Non-Compliance:

1. Probationers not in compliance with supervision conditions may be referred to Treatment Court via a Petition to Modify, that requires the successful completion of Treatment Court. Applicants must complete an application and follow through with entrance protocol.
2. Applicants facing probation revocation may also be eligible to participate in Treatment Court if they meet Entry Criteria above. And must apply within 30 days of being seen on the petition to revoke warrant.

REQUEST FOR ADMISSION INTO THE
SOUTH CENTRAL JUDICIAL DISTRICT
TREATMENT COURT PROGRAM

YOU MUST RESIDE IN THE SOUTH CENTRAL JUDICIAL DISTRICT TO BE ELIGIBLE FOR THIS PROGRAM

I, ____________________________, state under penalty of law, that on
(Print Name)
__________________________ I was accused of/charged with the following offense(s):
(Date)
____. My initial appearance was on

____.

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

____ ____________________
Name (Signature) Date

____ ____________________
Address Phone Number

- -

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

Form received by State's Attorney____

Referral to the Treatment Court Program is Approved Denied (Circle One)

____ __________________
State's/Assistant State's Attorney Date

____________________________ _____________________________
File Number Court Date & Time

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION: TREATMENT COURT REFERRAL

I, _____ DOB: _____

(First and Last Name)

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 treatment 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 treatment court program for the above-referenced case, such as the discontinuation of all court supervision upon my successful completion of the treatment court requirements OR upon sentencing for violating the terms of my treatment 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)