

**REQUEST FOR ADMISSION INTO THE  
EAST CENTRAL JUDICIAL DISTRICT  
DRUG COURT PROGRAM**

YOU MUST RESIDE IN CASS COUNTY AND SUBMIT THIS FORM WITHIN 70 DAYS OF YOUR FIRST COURT APPEARANCE TO BE ELIGIBLE FOR THIS PROGRAM.

I, \_\_\_\_\_, state under penalty of law, that on  
(Print Name)

\_\_\_\_\_ I was accused of/charged with the following  
(Date)

offense(s): \_\_\_\_\_  
\_\_\_\_\_.

Applicants must not:

1. Have any current or pending offenses defined as violent in 42 U.S.C. 3797u-2. A "violent offender" means a person who
  - a. Is charged with or convicted of an offense that is punishable by a term of imprisonment exceeding one year, during the course of which offense or conduct—
    - i. The person carried, possessed, or used a firearm or dangerous weapon;
    - ii. There occurred the death of or serious bodily injury to any person; or
    - iii. There occurred the use of force against the person of another, without regard to whether any of the circumstances described in subparagraph (i) or (ii) is an element of the offense or conduct of which or for which the person is charged or convicted; or
  - b. Has 1 or more prior convictions for a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm.

Have you ever been charged or convicted of a violent offense as described above?  Yes  No

Have you ever been sentenced to Adult Drug Court in North Dakota in the past?  Yes  No

I need substance use disorder 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 requirements of the Drug Court program if I am admitted into the program.

\_\_\_\_\_  
Name (Signature) \_\_\_\_\_  
Date

\_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number

**SEND THIS APPLICATION TO: CASS COUNTY STATE'S ATTORNEY'S OFFICE, 211 9<sup>th</sup> ST S.  
FARGO ND, 58103**

**IF YOU ARE REPRESENTED BY COUNSEL, PLEASE SEND COMPLETED APPLICATION TO  
YOUR DEFENSE ATTORNEY.**

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

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

Referral to the Drug 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:  
DRUG COURT REFERRAL

**East Central Judicial District Drug Court**

I, \_\_\_\_\_, DOB: \_\_\_\_\_ hereby consent to  
(First and Last name)

communication between Amy Noer, Janna Johnson and Sharehouse-Fargo/Grand Forks; Southeast Human Service Center; Judge Bailey, Judge Brady and Cass County District Court; Kimberlee Hegvik, Nicholas Samuelson and the Cass County State's Attorney's Office; Stormy Vickers, Dan Bertsch, and the Cass County Public Defender's Office; Kristen Kiemele, Mitch Burris, Jennifer Hischer and Lisa Paintner and the North Dakota Department of Corrections- Division of Field Services, Cass County Jail, 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 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, court 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 above-referenced 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 redisclose it only in connection with their official duties.

I also understand that information will be gathered and utilized for monitoring of the program's operation and protection under Part 2 of Title 42 CFR applies.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Defense Counsel