

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

YOU MUST RESIDE IN GRAND FORKS 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): _____
_____.

I have no felony convictions in any state for delivery, intent to deliver, or manufacturing of a controlled substance. I have no convictions for a violent offense as defined on the back of this form. 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 requirements of the drug court program if I am admitted into the program.

Name (Signature)

Date

Address

Phone Number

**DELIVER THIS FORM TO THE GRAND FORKS COUNTY STATES ATTORNEYS OFFICE
AND
YOU MUST CONTACT DALEE WILKINSON, DRUG COURT COORDINATOR, AT 795-3876
WITH IN 24 HOURS OF COMPLETING THIS FORM**

DO NOT WRITE BELOW THIS LINE (FOR PROSECUTOR ONLY)

Form received by State's Attorney _____.

Referral to the Drug Court Program is Approved Denied (Circle One) (Approved means the SA office is willing to consider the drug court program as part of the sentence, it does not mean you have been accepted into the program) Upon completion of the CD evaluation the Drug Court Team will staff your case to determine if you are approved for the drug court program.

State's/Assistant State's Attorney

Date

File Number

Court Date & Time

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION:

DRUG COURT REFERRAL

Northeast Central Judicial District Drug Court

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

communication between Northeast Human Service Center, District Court Judge and the District Court, Grand Forks County State’s Attorney’s Office, the North Dakota Department of Corrections-Adult Services Division, the Drug Court Team Defense Counsel 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