

**REQUEST FOR ADMISSION INTO THE  
SOUTHEAST JUDICIAL DISTRICT  
DRUG COURT PROGRAM**

**YOU MUST RESIDE IN STUTSMAN OR BARNES COUNTIES 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 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

**STUTSMAN COUNTY-SEND THIS APPLICATION TO: Stutsman County State's Attorney's Office, 511 2<sup>nd</sup> Ave. SE Jamestown, ND 58401 EMAIL: attorney@stutsmancounty.gov**

**BARNES COUNTY-SEND THIS APPLICATION TO: Barnes County State's Attorney's Office, 230 4<sup>th</sup> St. NW #301, Valley City, ND 58072 EMAIL: States\_attorney@barnescounty.us**

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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
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_____ File Number	_____ Court Date & Time
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