

**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS  
JUDICIAL BRANCH**

**NOOJIMO'WIIGAMIG INAAWANIDIWAG  
(Family Healing to Wellness Court)**

**District 1**

**District 2**

**District 3**

In the Matter of:

Case File No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minor Child(ren).

\_\_\_\_\_

Parent/Guardian.

\_\_\_\_\_

Parent/Guardian.

**NON-PARTICIPATING PARENT'S  
WAIVER**

I am a parent or guardian of the child(ren) listed above. I understand that the child(ren)'s other parent, who is also a party to this case, has petitioned for admission to the Non-Removable Mille Lacs Band of Ojibwe Family Healing to Wellness Court program (FHTWC), Noojimo'wiigamig Inaawanidiwag. I have discussed the program with my attorney and/or the Wellness Court case manager, and I do not wish to participate in the Wellness Court program. I agree that:

1. I understand that during the other parent's FHTWC staffing meetings and FHTWC status hearings, the judge may receive information about the child(ren) and will receive information about the other parent, and that parent's participation and progress in court-ordered treatment programs.
2. I understand that during the other parent's FHTWC participation, the judge may deliver to that parent encouragement and incentive items to assist and motivate that parent in completing his or her Wellness Plan.

3. I understand that at the other parent's FHTWC staffing meetings and FHTWC hearings there may be some limited discussion of me, and my participation and progress in any court-ordered treatment programs.
4. I understand that the FHTWC judge will not discuss what occurs at the FHTWC staffing meetings and FHTWC status hearings with any judge handling a non-FHTWC legal hearing in the case.
5. I understand and agree that the FHTWC staffing meetings for the other parent will not be recorded and no transcripts of these meetings will be prepared.
6. I agree that I do not need to be personally notified of the other parent's FHTWC staffing meetings and FHTWC status hearings.
7. I understand that my attorney may attend the other parent's FHTWC staffing meetings and FHTWC review hearings.
8. I understand that no court orders regarding me or my children will be made or changed at the other parent's FHTWC staffing meetings or FHTWC status hearings.
9. I understand that there will be pre-trial hearings and other Child In Need of Protection or Services (CHIPS) hearings involving me and the children's best interests which will be held separately from the FHTWC status hearings, and that the presiding FHTWC judge is authorized to issue orders regarding me, the other parent, and the children.
10. I agree not to be personally present at the other parent's FHTWC review hearings.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Attorney's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Special Magistrate

\_\_\_\_\_  
Date