NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS COURT OF CENTRAL JURISDICTION

NOOJIMO'WIIGAMIG INAAWANIDIWAG (Family Healing to Wellness Court)

☐ District 1		☐ District 2	☐ District 3
In the Matter	of:		Case File No.
	FHTWC Particip	1	CONDITIONS OF PARTICIPATION
I,	ا ب	understand that I have bee	en accepted in the Mille Lacs Band o
the influence of a	alcohol, narcotics, drugs, medicine	s, pills or any other intoxica	I currently \square am \square am not under ant. The last time I used or consumed of my participation in the Healing to
Initial here.			
1.	. I will be enrolled in the FHT' erwise directed by the Court		e of twelve (12) months, unless oth-
2.	. I will appear in FHTWC every	/ two (2) weeks or as direct	ed by the Court.
3	. I will become and remain dr screens as directed by the Fl		submit to random drug and alcohol VC Team, and/or the Court.
4.	. I will attend all scheduled m	eetings with my FHTWC ca	se manager.
5	. I will attend, as ordered, app	proved recovery support gr	oups and obtain a sponsor.
6.	as recommended by my tre	eatment provider, the FHT process may include referr	source of income, or enroll in school WC case manager, and the FHTWC rals to classes and meetings provided adizing.

7.	I will live in stable, drug and alcohol-free housing as approved by the Court.
8.	I will participate in creating a Wellness Plan just for my own needs for treatment and independence.
9.	I will sign a consent form that will allow the FHTWC to have access to all medical, mental health treatment, substance abuse treatment, and Family Services records necessary for and related to my participation in the FHTWC program. I understand that release of information is my personal choice.
10.	I will report any arrests, charges, or law enforcement contact to the FHTWC Case Manager within 24 hours.
11.	I give the FHTWC case manager the authority to release compliance information about my participation in this program to the District Court.
12.	I understand that I will be hearing confidential information, such as treatment and child protective services information, about other participants during the FHTWC sessions and that, this information is not to be repeated to anyone outside the FHTWC or its participants. I understand that disclosing confidential information is subject to civil and criminal punishments under federal and Band law and may be grounds for termination from the FHTWC program.
13.	I understand that I must have sufficient periods of time without prohibited drug or alcohol use and actively participate in treatment to make progress in the FHTWC program.
14.	I understand that the FHTWC team and the judge will hold me responsible if I do not follow judicial orders, and give me appropriate consequences, including termination from the program.
15.	I understand that my failure to successfully participate in the FHTWC program may result in termination from the program and my case being returned to District Court for a trial and an adjudication that my child[ren] are in need of protection or services, or for other appropriate proceedings.
16.	I understand that the proceedings in the FHTWC are separate proceedings from the Child In Need of Protection or Services (CHIPS) case pending in the Mille Lacs Band District Court. I understand that I have the right to be represented by an attorney in the FHTWC. If I am a Mille Lacs Band member, I may be eligible to represented by a Band Member Legal Aid attorney. If I am not a Band member, and cannot afford to hire my own attorney, I may apply for court-appointed counsel to represent me in FHTWC matters.
17.	These Conditions of Participation have been read aloud to me and I understand what they mean.

The above conditions are mandatory and ordered by the Court.

Parent/Guardian's Signature	Date
Parent/Guardian's Attorney's Signature	Date
Judge/Special Magistrate	Date