

**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**

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In the Matter of:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Minor Child(ren).

\_\_\_\_\_  
Parent/Guardian.

\_\_\_\_\_  
Parent/Guardian.

**PROGRAM APPLICATION**

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DATE OF APPLICATION: \_\_\_\_\_

**1. PERSONAL INFORMATION**

Full Legal Name: \_\_\_\_\_

Alias or Former Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Tribal Membership:  Mille Lacs Band Member  None

Member of \_\_\_\_\_

Tribal Census Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address:

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residential Address:  Same as mailing address.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cohabitant Name: \_\_\_\_\_

Cohabitant's Relationship to Applicant: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Next of Kin's Phone Number: \_\_\_\_\_

## 2. CHIPS CASE INFORMATION

Are you the parent, guardian, or custodian of a child(ren) who is the subject of a Child In Need of Protection (CHIPS) case that is currently pending?  No  Yes Case Number \_\_\_\_\_

Attorney for current case: \_\_\_\_\_ Phone: \_\_\_\_\_

## 3. CRIMINAL COURT BACKGROUND

Are you currently on probation?  Yes  No On supervised release or parole?  Yes  No

If yes, name of your probation/parole officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a violent crime?  Yes  No

Have you been convicted of a sex crime within the past 10 years?  Yes  No

Are you currently incarcerated?  Yes  No

Do you have any pending warrants for your arrest?  Yes  No

If yes, in what jurisdiction? \_\_\_\_\_

Do you have any pending criminal charges?  Yes  No

If yes, in what jurisdiction? \_\_\_\_\_

If yes, list current charges: \_\_\_\_\_

Case number: \_\_\_\_\_ Stage in court process: \_\_\_\_\_

Next court event: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. HEALTH & SUBSTANCE ABUSE HISTORY

I have a problem with:  Drugs  Alcohol  Both Are you an IV user?  Yes  No

Age at first use: \_\_\_\_\_ What did you use? \_\_\_\_\_ Method of use: \_\_\_\_\_

First drug of choice: \_\_\_\_\_ Age started: \_\_\_\_\_

Method of use: \_\_\_\_\_ Date last used: \_\_\_\_\_

Second drug of choice: \_\_\_\_\_ Age started: \_\_\_\_\_

Method of use: \_\_\_\_\_ Date last used: \_\_\_\_\_

Third drug of choice: \_\_\_\_\_ Age started: \_\_\_\_\_

Method of use: \_\_\_\_\_ Date last used: \_\_\_\_\_

Have you ever been treated for substance abuse problem?  Yes  No

Date of most recent treatment admission? \_\_\_\_\_

Number of previous substance abuse admissions? \_\_\_\_\_ Inpatient \_\_\_\_\_ Outpatient

Are you participating in a Medication-Assisted Treatment program?  Yes  No

Number of previous Minnesota admissions? \_\_\_\_\_ Inpatient \_\_\_\_\_ Outpatient

Please describe any diagnosis here: \_\_\_\_\_

Do you have any serious medical problems?  Yes  No

Please describe here: \_\_\_\_\_

Please describe any diagnosis here: \_\_\_\_\_

Are you currently on any prescription medication?  Yes  No

Please list medications here: \_\_\_\_\_

**5. PERSONAL INFORMATION**

Highest level of education completed? \_\_\_\_\_ High school diploma?  Yes  No

Do you have a GED?  Yes  No Would you like to earn your GED?  Yes  No

Do you have a valid driver's license?  Yes  No Are there any restrictions?  Yes  No

Please explain: \_\_\_\_\_

Do you have a vehicle or access to a vehicle?  Yes  No

Will transportation be a problem for you?  Yes  No

Do you have any special needs?  Yes  No If yes, please describe: \_\_\_\_\_

**6. FINANCIAL AND EMPLOYMENT INFORMATION**

Monthly income: \$ \_\_\_\_\_ Source of income:  Wages  Per Capita  Other

Are you employed?  Yes  No Where? \_\_\_\_\_

Is your current income sufficient to pay your bills?  Yes  No

Do you have health insurance?  Yes  No Name of insurance carrier: \_\_\_\_\_

**7. CHILD CARE NEEDS**

Name of your child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of your child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of your child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you currently have custody of these child(ren)?  Yes  No

Are you subject to any child support orders?  Yes  No

Do you owe any back child support?  Yes  No

**8. OTHER NEEDS**

Check those services that you are in immediate need of:

- Housing    Food    Heating Assistance    Medical Care    Dental Care
- Domestic Violence Information    Job Assistance    Education Assistance    Cell Phone
- Pregnancy Care    Driver's License Assistance    Cultural Guidance/Support

**9. PERSONAL GOALS**

Please explain why you would like to enter the Family Healing to Wellness Court Program and what you hope to gain from it: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you like to do in your free time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This application will not be considered for admission to the Family Healing to Wellness Court program unless the following certification has been completed. I hereby certify that I have fully explained to my client the Family Healing to Wellness Court program, and I have reviewed with my client the contents of the Family Healing to Wellness Court Participant Handbook and the Conditions of Participation form (MLBF-WC-215).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Legal Counsel's Printed Name

By signing this, I acknowledge and agree to follow everything in the Family Healing to Wellness Court Participant Handbook. If I have any questions, I will contact my attorney.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name