

Menominee Indian Tribe of Wisconsin

Menominee Tribal Court

1. Intake Case Number		Court Referral – Child/Juvenile (Law Enforcement Referral)			2. Court Case Number	
3. Child's/Juvenile's Name (Last, First, Middle)			4. Child's Alias/Nickname	5. Age	6. Date of Birth	7. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
8. Child's/Juvenile' Street Address <input type="checkbox"/> Located within the Menominee Indian Reservation County of Residence/Domicile:				City	State	Zip Code
9. Child's Race <input type="checkbox"/> Indian Child <input type="checkbox"/> Tribe: <input type="checkbox"/> Menominee Enrolled <input type="checkbox"/> Menominee Descendant <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:						
10. Child's Home Telephone		11. Child's School/Place of Employment			12. Child's Grade/Occupation	
13. Parent #1's Legal Name and Address: Legal Status: <input type="checkbox"/> Alleged <input type="checkbox"/> Adjudicated <input type="checkbox"/> Presumed <input type="checkbox"/> Biological <input type="checkbox"/> Unknown				Marital Status		T E L E P H O N E
14. Parent #1's Legal Name and Address: Legal Status: <input type="checkbox"/> Alleged <input type="checkbox"/> Adjudicated <input type="checkbox"/> Presumed <input type="checkbox"/> Biological <input type="checkbox"/> Unknown				Marital Status		
15. Guardian/Legal Caretaker/Supervisory Agency Name and Address:				Marital Status		
16. Name of Referring Agency			17. Office Telephone		18. File/Case Number	
19. Prior Record with Referring Agency: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe manner of handling: <input type="checkbox"/> Additional information attached.					20. Name of Referring Officer	
21. Alleged Offenses: <input type="checkbox"/> Additional information attached.						
Dates(s)		Statute Number(s)		Offense		
22. Name of Accomplice(s)		Address		Sex	Birth Date (Mo/Day/Yr)	Referred to Ct/Cited
				<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Name of Victim and Address				24. Parent(s) Notified <input type="checkbox"/> No <input type="checkbox"/> Yes		25. Date Referral to Intake
				26. Property loss or medical bills: <input type="checkbox"/> No <input type="checkbox"/> Yes Estimate: \$		

INTAKE INQUIRY RECOMMENDATION			27. Date of Referral	
28. Interview Date and Time		29. Present at Interview		
30. Custody Authorization: <input type="checkbox"/> Released <input type="checkbox"/> Detained Date: _____ Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Nonsecure: <input type="checkbox"/> Secure:			31. Prior Referrals to Intake: <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? If child is alleged delinquent previously attach prior referrals/disposition report to Prosecutor.	
32. Intake Recommendation – <i>Check all appropriate boxes.</i>				
A. Case Closed <input type="checkbox"/> Dismissed – Lacks Jurisdiction <input type="checkbox"/> Couseled <input type="checkbox"/> Referred to another Jurisdiction <input type="checkbox"/> Other: <i>(Specify)</i>		B. Deferred Prosecution/Informal Disposition Expires: <input type="checkbox"/> Restitution: \$ _____ <input type="checkbox"/> Community Service: _____ hrs <input type="checkbox"/> Informal Supervision <input type="checkbox"/> See Attached Agreement <input type="checkbox"/> Other: <i>(Specify)</i>		C. Formal Petition Requested <input type="checkbox"/> Ordinance Violation - Civil <input type="checkbox"/> Traffic Offense <input type="checkbox"/> Delinquency <input type="checkbox"/> Waiver <input type="checkbox"/> Juvenile In Need of Protection/Services <input type="checkbox"/> Child In Need of Protection/Services
33. Comments:				
34. Name of Intake Worker		35. Signature		36. Telephone
				37. Date