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| **Menominee Indian Tribe of Wisconsin** | | | | | | | | | | | | **Menominee Tribal Court** | | | | | | |
| 1. Intake Case Number | | | | **Court Referral – Child/Juvenile (Non-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  Female  Male | |
| 8. Child’s/Juvenile’ Street Address City State Zip Code    Located within the Menominee Indian Reservation  County of Residence/Domicile: | | | | | | | | | | | | 9. Child’s Race  Indian Child  Tribe:  Menominee Enrolled  Menominee Descendant  African American  Asian/Pacific Islander  Caucasian  Hispanic  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:  Alleged  Adjudicated  Presumed  Biological  Unknown | | | | | | | | | | | Marital Status | | | **T**  **E**  **L**  **E**  **P**  **H**  **O**  **N**  **E** | Work:  Home: | | | |
| 14. Parent #1’s Legal Name and Address:    Legal Status:  Alleged  Adjudicated  Presumed  Biological  Unknown | | | | | | | | | | | Marital Status | | | Work:  Home: | | | |
| 15. Guardian/Legal Caretaker/Supervisory Agency Name and Address: | | | | | | | | | | | Marital Status | | | Work:  Home: | | | |
|  | | | | | | | | | | | | | | | | | | |
| 16. Name of Referring Agency | | | | | | 17. Office Telephone | | | | | | | | | | 18. File/Case Number | | |
| 19. Prior Record with Referring Agency:  No  Yes  If yes, describe manner of handling:  Additional information attached. | | | | | | | | | | | | | | 20. Name of Referring Person | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 21.Reason(s) Referral:  Describe Allegations(s):  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 |
|  | | |  | | | | | | | F  M | |  | | | | | | Yes  No |
|  | | |  | | | | | | | F  M | |  | | | | | | Yes  No |
|  | | |  | | | | | | | F  M | |  | | | | | | Yes  No |
| 23. Name of Victim and Address | | | | | | | 24. Parent(s) Notified  No  Yes | | | | | | | | | | 25. Date Referral to Intake | |
| 26. Property loss or medical bills:  No  Yes Estimate: $ | | | | | | | | | |

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