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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 ReservationCounty 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:       |
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| 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: $       |

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| **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      |