

**Notice to Victims
(Child/Juvenile Intake)**

Intake Case Number
Menominee Tribal Department <input type="checkbox"/> Family Services <input type="checkbox"/> Youth Services
Case Type <input type="checkbox"/> Delinquency <input type="checkbox"/> Juvenile In Need of Protection/Services <input type="checkbox"/> Ordinance/Civil Law

To:

The following information is being provided to you because you were the victim of a crime allegedly committed by a juvenile. If there is more than one juvenile involved in the incident, you may receive a letter for each juvenile involved.

- A. The cases was closed on [Date] .
- B. The cases has been closed by the Tribe and referred to the following jurisdiction where the juvenile resides.

OR

- C. The juvenile was placed on a Deferred Prosecution Agreement (DPA), which will be in effect from
[Date] to [Date]

This DPA is an agreement which the juvenile must meet certain responsibilities and is signed by the juvenile, the parent or guardian and the intake worker. Some of these responsibilities may include staying out of trouble, regular school attendance, community service, restitution, and other service or cultural programs.

- Restitution in the amount of \$ is a requirement of this DPA.
- Providing repairs or services to the victims is a requirement of this DPA.

If the obligations of the agreement are not met, the DPA can be revoked and a petition to bring the juvenile into court may be filed by the Tribal Prosecutor's Office. If the DPA is revoked because the juvenile failed to meet his/her obligation(s), and a petition is filed, you will be contacted by the Tribal Prosecutor's Office.

Note: See attached for additional information regarding your options.

Further questions about this notice may be directed to . The Department Worker cannot disclose any further information about this case or the juvenile(s) involved, and cannot give legal advice. All decisions by the Department Worker are reviewed by the Tribal Prosecutor's Office.

The juvenile's case was referred to the Tribal Prosecutor's Office for review.

- The Victim Impact Statement was received.

DISTRIBUTION:

- 1. Original – Victim
- 2. Copy – Department Worker

Signature

Name Printed or Typed

Date

Telephone Number