**Ho-Chunk Nation Tribal Healing to Wellness Court Program**

**Attorney Referral**

Eligibility Standards

Potential candidates meeting the following criteria will be considered for admission to the Ho-Chunk Nation Tribal Healing to Wellness Court Program.

1. A Ho-Chunk Nation tribal member, spouse of a Ho-Chunk Nation tribal member or child of a Ho-Chunk Nation tribal member who is aged 18 or older and a resident of Jackson County.
2. Each participant will need to meet the DSM-V criteria for Alcohol/Drug Dependence.
3. Proposed participants will be either post-adjudication or in ATR status from the Department of Corrections.
4. The Healing to Wellness Court Coordinator shall interview each defendant referred for possible participation in the program.
5. Each proposed participant will participate in any assessments requested by staff, treatment providers, or others involved in the screening process.
6. The Healing to Wellness Court Coordinator will make a recommendation to the Healing to Wellness Court Team, who will either admit or deny the application.
7. The Healing to Wellness Court participant must voluntarily agree to abide by the Healing to Wellness Court rules.
8. No existing in-state or extraditable warrants, or pending charges that are not resolved at the time Healing to Wellness Court participation begins.

**Date of Referral:** Click or tap to enter a date.

**Full Name (First, Middle Initial, and Last):** Click or tap here to enter text.

**Gender:**

**DOB:** Click or tap to enter a date.

**Tribal ID Number:** Click or tap here to enter text.

**Applicant Address:**Click or tap here to enter text.

**Applicant Phone Number:** Click or tap here to enter text.

**Name of person referring:** Click or tap here to enter text.

**Email of person referring:** Click or tap here to enter text.

**Phone number of person referring:** Click or tap here to enter text.

**Currently Incarcerated : NO** If yes, where: Click or tap here to enter text.

**Release Date, if known:** Click or tap to enter a date.

**Referral Type:** Choose an item.

* If new charges, case number and what charges (list all charges): No open cases

If ATR, please answer the following questions:

* Case number ATR is on: Click or tap here to enter text.
* What date does their supervision expire? Click or tap to enter a date.
* What was the date of the action triggering the referral, is there a police report attached to the most recent action if so through what agency? Click or tap here to enter text.

**Next Court Appearance:** Click or tap to enter a date.

**Time Sensitive: NO If so, why:** Click or tap here to enter text.

**Has the applicant ever been enrolled in the US Military? NO**

**Ineligibility:**

* Not a tribal member
* Misdemeanor OWI or traffic offenses
* Terrorist threats
* Violent felony conviction
* Felony sexual assault
* A person currently in prison (actual confinement) is ineligible to apply for participation
* If a person is sentenced to prison, the person is no longer eligible for participation

**Completed referral should be e-mailed to robert.mann@ho-chunk.com**

**Incomplete referrals will not be processed and will be returned for completion.**

**\* Referrals are generally processed as soon as they are received. Once the initial assessments are completed no further action can be taken until they are convicted and sentenced.**