

PARTY NAME (or responsible party if party is a minor)	Case Number: WELLNESS
(Name, Date of Birth, and address):	Case Type: WELLNESS
Date of Birth:	
Telephone No.:	
E-mail Address:	
Relationship to Petitioner (if applicable:	
YUROK TRIBAL COURT	
PO Box 1027/230 Klamath Blvd.	
Klamath, CA 95548	
Phone: (707) 482-1350 / Fax: (707) 482-0105	
Email: CourtClerk@yuroktribe.nsn.us	
In re:	
	FOR TRIBAL COURT USE ONLY
PETITION AND ORDER FOR WE	LLNESS COURT
☐ Youth ☐ Family	☐ Adult
A hagging is schoolyled at the time and place helevy	
A hearing is scheduled at the time and place below	·
Date: Time:	
	DI 1 WI 1 CA 05540
At the Yurok Tribal Justice Center 230 Klamath	Blvd., Klamath, CA 95548
1 Potitionar agrees to enter into a case plan with the Vurely We	Ilnass Court and agrees to be
1. Petitioner agrees to enter into a case plan with the Yurok We	
monitored to address the substance and/or alcohol related iss	ues in a Yurok culturally
appropriate manner.	
2 Detition on hos most and hoom mustified a common of the Visuals W	Vallages Count Duoguer Menuel
2. Petitioner has read and been provided a copy of the Yurok W	eliness Court Program Manual.
Data	Wallmage Cogo Manager
Date	Wellness Case Manager
	FOR COLUMN LIGHT ONLY
1. \square The court grants the request.	FOR COURT USE ONLY
2. \square The court denies the request based on the following	
reason(s):	
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Date	Signature of Judge

Yurok Tribal Court Rev. 11/18