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| <p>PARTY NAME (or responsible party if party is a minor) (Name, Date of Birth, and address):</p> <p>Date of Birth: Telephone No.: E-mail Address: Relationship to Petitioner (if applicable):</p> | <p>Case Number: _____ Case Type: <u>WELLNESS</u></p> |
| <p>YUROK TRIBAL COURT PO Box 1027/230 Klamath Blvd. Klamath, CA 95548 Phone: (707) 482-1350 / Fax: (707) 482-0105 Email: <u>CourtClerk@yuroktribe.nsn.us</u></p> | |
| <p>In re:</p> | <p><i>FOR TRIBAL COURT USE ONLY</i></p> |

PETITION AND ORDER FOR WELLNESS COURT

Youth Family Adult

A hearing is scheduled at the time and place below:

Date: _____ Time: _____

At the Yurok Tribal Justice Center 230 Klamath Blvd., Klamath, CA 95548

1. Petitioner agrees to enter into a case plan with the Yurok Wellness Court and agrees to be monitored to address the substance and/or alcohol related issues in a Yurok culturally appropriate manner.
2. Petitioner has read and been provided a copy of the Yurok Wellness Court Program Manual.

_____ Date

_____ Wellness Case Manager

1. **The court grants the request.**
2. **The court denies the request** based on the following reason(s):

FOR COURT USE ONLY

_____ Date

_____ Signature of Judge