



Healing to Wellness Court  
Lac du Flambeau Band of Lake Superior Chippewa Indians  
623 Peace Pipe Lane, PO Box 1223 Lac du Flambeau, WI 54538  
Phone: 715-588-4395 Fax: 715-588-9240

### APPLICATION/REFERRAL

Referral Source: \_\_\_\_\_

Referral Source Contact information: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOC #: \_\_\_\_\_ SID #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Tribal affiliation: \_\_\_\_\_

Are you under supervision with DOC: If so, when is your discharge date: \_\_\_\_\_

Current County Case #: \_\_\_\_\_

Current County Charge(s): \_\_\_\_\_

Open/Pending cases? (county, case number and next court date) \_\_\_\_\_

Summarize your criminal history (closed cases) \_\_\_\_\_

Do you feel you have a problem with drugs or alcohol? \_\_\_\_\_

Do you feel that if you do not get help with your problem with drugs or alcohol, you will commit more crimes within the next three years? \_\_\_\_\_

*I understand that the goal of the Zaagiibagaa Healing to Wellness Court (ZHWC) is to help participants regain and maintain sobriety through local treatment and counseling programs, cultural enrichment, incentives and sanctions, education and/or employment, and family reunification. I am hereby requesting that the ZHWC consider me for participation. I give permission for ZHWC staff to schedule the necessary assessments in order to establish eligibility for ZHWC.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_