

**GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS
TRIBAL COURT
PRE-DISPOSITION QUESTIONNAIRE**

Please fill out this questionnaire completely. It is to your advantage to provide the information requested entirely, accurately and promptly. Since the court ordered the pre-disposition, you have a legal responsibility to cooperate with the pre-disposition investigator.

PERSONAL DATA

NAME: _____ D/O/B: _____ AGE: _____

WEIGHT: _____ HEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

SCARS/TATTOOS: _____

TRIBAL AFFILIATION: _____ TRIBAL ID NUMBER: _____

SOCIAL SECURITY NUMBER: _____ EMAIL: _____

DRIVERS LICENSE #: _____ EXPIRATION DATE: _____

ADDRESS: _____ CITY/STATE: _____

HOME TELEPHONE: _____ WORK PHONE: _____

LIVING WITH: _____ RELATION: _____

PLACE OF BIRTH: _____

HOW LONG HAVE YOU LIVED IN THE COMMUNITY: _____

(PARENTS) LIST ALL FORMS OF INCOME: _____

ANY PHYSICAL
RESTRICTIONS: _____

ANY MENTAL
RESTRICTIONS: _____

WERE YOU EVER ABUSED? HOW: _____

ARE YOU PRESENTLY BEING TREATED BY A PHYSICIAN? WHO: _____

ARE YOU PRESENTLY ON ANY MEDICATIONS PRESCRIBED BY A PHYSICIAN? WHAT: _____

HAVE YOU EVER BEEN HOSPITALIZED? WHY? _____

ANY BIRTH DIFFICULTIES: _____

ANY EARLY CHILD DEVELOPMENT DIFFICULTIES: _____

MOTHER'S NAME: _____ GTB MEMBER: _____ D/O/B: _____

FATHER'S NAME: _____ GTB MEMBER: _____ D/O/B: _____

MOTHER LIVES: _____ MOTHER WORKS: _____

FATHER LIVES: _____ FATHER WORKS: _____

ANY BROTHERS, D/O/B'S: _____

ANY SISTERS, D/O/B'S: _____

LIST ANY COUNSELORS YOU HAVE SEEN: _____

HOME INFORMATION

ACTIVITIES: WHAT DO YOU DO WHEN YOU ARE HOME (SPORTS, HOUSEWORK, READ, TV)

WHAT ARE YOUR STRENGTHS: _____

WHAT ARE YOUR WEAKNESSES: _____

WHAT DO YOU DO TO RELAX: _____

WHAT ARE SOME PERSONAL GOALS IN LIFE: _____

HOW DO YOU GET ALONG WITH YOUR PARENTS: _____ WHAT PROBLEMS: _____

HOW DO YOU GET ALONG WITH YOUR BROTHERS/SISTERS: _____

HOW DO YOU RATE YOUR FAMILY: _____ STRONG
_____ FAIR
_____ NEGATIVE

WHAT PROBLEMS DO YOU SEE: _____

HOW DO YOU RATE YOURSELF: _____ STRONG
_____ FAIR
_____ NEGATIVE

WHAT DO YOU VALUE MOST IN LIFE: _____

HOW DO YOU VIEW YOUR LIFE AT PRESENT: _____

WHERE ELSE HAVE YOU LIVED AND WHEN: _____

WHAT IS YOUR CURFEW FOR HOME: _____

ARE YOU EVER LATE: _____ HOW OFTEN: _____ WHY? _____

WHAT HAPPENS WHEN YOU ARE LATE: _____

WHO LIVES IN YOUR HOME (NAMES & AGES): _____

DO YOU HAVE ANY DOGS AT HOME? HOW MANY? (The dogs MUST be tied up when the Probation Officer make a home visit) _____

HAS ANYONE IN THE HOME EVER BEEN CHARGED WITH AN ASSAULTIVE OFFENSE? (WHO, FOR WHAT, WHEN) _____

DOES ANYONE IN THE HOME HAVE A PERSONAL PROTECTION ORDER AGAINST THEM OR AGAINST SOMEONE ELSE? WHO? _____

SCHOOL INFORMATION

SCHOOL PRESENTLY ATTENDING: _____ GRADE: _____

SCHOOL ACTIVITIES (SPORTS, GROUPS, CLUBS): _____

OUT OF SCHOOL ACTIVITIES (VOLUNTEER): _____

WHAT DO YOU THINK ABOUT SCHOOL: _____ WHY? _____

ANY PROBLEMS AT SCHOOL: _____

DO YOU THINK YOU WORK TO YOUR ABILITY AT SCHOOL: _____ WHY? _____

FAVORITE SUBJECT/WHY? _____

DO YOU PLAN TO GRADUATE: _____ WHAT DO YOU PLAN TO DO WHEN YOU LEAVE SCHOOL: _____

EMPLOYMENT INFORMATION

ARE YOU WORKING NOW: _____ WHERE: _____

WHO IS YOUR EMPLOYER AND SUPERVISOR: _____

HOW LONG HAVE YOU WORKED THERE: _____ WHAT DAYS DO YOU WORK: _____

HOW MANY HOURS A WEEK DO YOU WORK: _____

WHAT DO YOU DO WITH YOUR MONEY: _____

WHAT FORM OF TRANSPORTATION DO YOU HAVE: _____

COURT OR OTHER INVOLVEMENTS

HAVE YOU EVER BEEN IN COURT BEFORE: _____ WHAT COUNTY: _____

WHY: _____

WHEN: _____ WHAT WAS THE DISPOSITION: _____

ARE YOU OR HAVE YOU EVER BEEN ON PROBATION: _____

IF YES, WHEN AND WHERE: _____

HAVE YOU EVER BEEN IN A RESIDENTIAL TREATMENT PROGRAM, GROUP HOME, FOSTER HOME,
TRAINING SCHOOL, ETC.: _____ WHICH ONE, WHEN: _____

OFFENSE INFORMATION

MY VERSION OF THE OFFENSE IS AS FOLLOWS: _____

WHY DID YOU COMMIT THE OFFENSE AND HOW DO YOU FEEL ABOUT WHAT YOU DID:

IS THERE ANYTHING THAT YOU THINK THE COURT SHOULD TAKE INTO CONSIDERATION WHEN
DECIDING YOUR SENTENCE: _____

BY SIGNING YOUR NAME BELOW, YOU UNDERSTAND AND UNDER PENALTIES OF PERJURY THAT
THE INFORMATION YOU HAVE PROVIDED IS THE TRUTH. IF THE COURT DISCOVERS THAT YOU
LIED OR GAVE MISLEADING ANSWERS ON THIS FORM, YOU MAY BE CHARGED WITH CONTEMPT
OF COURT.

DATE

JUVENILE'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS TRIBAL COURT
PROBATION DEPARTMENT
2605 N. WEST BAY SHORE DRIVE
PESHAWBESTOWN, MI 49682
231.534.7050

RELEASE OF CONFIDENTIAL INFORMATION

NAME _____ D/O/B _____ DATE _____

I, do hereby authorize the release of any and all MEDICAL, PSYCHIATRIC, and PSYCHOLOGICAL evaluation reports and/or records for use in my Probation and/or Pre-Disposition investigation for the Grand Traverse Band Tribal Probation Department. (_____)

I, do hereby authorize the release of any and all ADULT CRIMINAL AND JUVENILE reports and/or records for use in my Probation and/or Pre-Disposition investigation for the Grand Traverse Band Tribal Probation Department. (_____)

I, do hereby authorize the release of any and all FINANCIAL reports and/or records for use in my Probation and/or Pre-Disposition investigation for the Grand Traverse Band Tribal Probation Department. (_____)

I, do hereby authorize the release of any and all SCHOOL reports and/or records for use in my Probation and/or Pre-Disposition investigation for the Grand Traverse Band Tribal Probation Department. (_____)

I, do hereby authorize the release of any and all ALCOHOL and/or DRUG ABUSE counseling and treatment records and/or reports for use in my Probation and/or Pre-Disposition investigation for the Grand Traverse Band Tribal Probation Department. (_____)

I, do hereby authorize the release of any and all MENTAL HEALTH reports and/or records for use in my Probation and/or Pre-Disposition investigation for the Grand Traverse Band Tribal Probation Department. (_____)

GTB Tribal Case #: _____

JUVENILE'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____
Tribal Probation Officer

Please forward all information to the Grand Traverse Band Tribal Court at:

Assistant Probation Officer Tom Mercer
231-534-7027, office or 231-492-6863, work cell
2605 N. West Bay Shore Drive
Peshawbestown, MI
49682

Probation Officer Trisha Knauf
231-534-7546, office or 231-631-4239, work cell
2605 N. West Bay Shore Drive
Peshawbestown, MI
49682

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RELEASE OF INFORMATION AND CONFIDENTIALITY

I authorize the GTB Tribal Court Probation Department, Sherri Vezina, Trisha Knauf, John Sabatini, & Tom Mercer to release information to:

Women's Resource Center, GTB TVA Project Director, GTB Clinic, AFS, BHS, Other GTB Departments, Nexus Family Services, CMH, Goodwill, and other agencies on a need-to-know basis for purposes of helping _____(name). These same listed programs are authorized to do the same on my behalf (i.e. a two-way release of confidential information) and release my confidential information to the GTB Tribal Court Probation Department, Sherri Vezina, Trisha Knauf, John Sabatini and/or Tom Mercer and any information that may be pertinent to _____(name) and being on probation.

The following information I choose not to be released is:

This ___ is ___ is not a two-way release of information for the above-named persons and/or organizations.

This release expires one year from the date I sign it.

A photocopy of the original will serve in place of the original.

Name of Client – Printed

Signature of Client

Date

Signature of Witness

Date

EXCEPTIONS TO CONFIDENTIALITY

Michigan Law states that confidential communications between victims/survivors of sexual or domestic violence counselors/advocates are privileged. This means that in most cases the Probation Officer will not release information about you or the services you receive to anyone. There are some exceptions to this general form.

1. **Release of Information.** You may waive the privilege of releasing information to specific agencies by completing and signing the above release form.
2. **Child Protection Law.** The Probation Officers are required to report cases of suspected child abuse or neglect to the GTB Protective Service staff, Indian Child Welfare and/or the DHHS Protective Services.
3. **Danger to you or others.** If the Probation Officers have reason to believe that you or another person is in danger of being physically harmed, we will take steps to protect the person who is being threatened. This may involve releasing information to another agency.
4. **The Court ordered Petition.** Probation Officers may be required to testify at probation revocation hearings if you are not complying with the terms of your probation.
5. **Recent Case Law.** A recent Michigan court case indicates that in some criminal cases a person who is accused of assaulting you may request access to your records. This will only be allowed under very specific circumstances.