

IN THE TRIBAL COURT FOR THE GRAND TRAVERSE BAND OF OTTAWA & CHIPPEWA INDIANS	REQUEST TO TRAVEL Defendants on <u>PROBATION</u> ONLY (After Sentencing)	CASE NO.
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Chief Judge John A. Kern
2605 N.W. Bay Shore Drive, Peshawbestown, MI 49682

Associate Judge Michael J. Long
tribalcourt@gtbindians.com (231) 534-7050

Petitioner name, address and phone number GRAND TRAVERSE BAND OF OTTAWA & CHIPPEWA INDIANS	v.	Defendant/juvenile's name, address and phone number
Prosecuting attorney name, address, telephone Tribal Prosecuting Attorney 2605 N.W. Bay Shore Drive Peshawbestown, MI 49682 (231) 534-7637		Defendant/juvenile's attorney/lay advocate name, address telephone

NOTE: This form is intended for use in criminal and juvenile cases only. This form does not apply to ICW cases.

1. In this case, I am the: defendant. parent/guardian/legal custodian of the juvenile.
2. The above-named defendant or juvenile is: on probation.
3. I am requesting permission of the Tribal Court to allow the above-named Defendant/juvenile to travel outside the six-county service area during the dates/times outlined below.
4. The following are details of my travel:
 - a. Anticipated date and time of departure: _____
 - b. Anticipated date and time of return: _____
 - c. Reason for travel: _____
 - d. Names of all persons defendant/juvenile will be traveling with: _____
 - e. Phone number(s) where defendant or parent/guardian/custodian can be reached during travels: _____
 - f. Address(es) and phone number where I will be staying, including city, state, ZIP: _____
5. I understand and agree that unless the Court indicates that no testing is required, the defendant/juvenile will be required to take daily PBT's while on travel, and will be required to take a PBT and drug test at Addiction Treatment Services the next business day after I return during facility testing hours. I understand and agree that it is the defendant or parent/guardian/custodian of the juvenile's responsibility to make arrangements for PBT testing at the location where the defendant or juvenile will be traveling, and to obtain written verification of the testing results for submission to the Court.
6. I certify under penalty of perjury that the statements above are true to the best of my knowledge, information and belief.

Dated: _____

 Defendant or Parent/Guardian/Custodian of Juvenile

**IF REQUEST IS NOT SUBMITTED AT LEAST 48 HOURS IN ADVANCE OF TRAVEL REQUEST MAY NOT BE REVIEWED/APPROVED.
DEFENDANT MUST STAY IN 6 COUNTY SERVICE AREA.**

IF DEFENDANT IS ON PROBATION STATUS PROBATION OFFICER RESPONSE REQUIRED (Defendant responsible for obtaining response):

No Objection Objection based on: _____ Request Hearing

Dated: _____ Probation Officer Signature: _____

ORDER

IT IS HEREBY ORDERED:

- Request to Travel is approved as described above. The defendant/juvenile shall take daily PBT tests (between 6:00 – 9:00 a.m.) while on travel and shall submit written verification of said testing to the Tribal Court by the next business day after return from travel. Further, defendant/juvenile shall submit to a drug test at Addiction Treatment Services in Traverse City the next business day following return from travel during facility testing hours. All other bond/probation conditions shall remain in full force and effect.
- Request to Travel is approved. No testing is required. All other bond/probation conditions shall remain in full force and effect.
- Request to Travel is denied for the following reasons: _____

Other: _____

Dated: _____ Tribal Court Judge: _____