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2 **IN THE TULALIP TRIBAL COURT**
3 **FOR THE TULALIP INDIAN RESERVATION**
4 **TULALIP, WASHINGTON**

5 THE TULALIP TRIBES
6 A Federally-Recognized Indian Tribe,
7 Plaintiff,

7 v.

8 DOB:
9 Defendant.

NO.

Incident #

**PRETRIAL DIVERSION AGREEMENT
AND ORDER TRANSFERRING TO
WELLNESS COURT**

10 THIS MATTER came before the Tribal Court. Defendant _____
11 appeared with _____ his/her counsel. The Tribe appeared through its
12 prosecutor. The parties stipulate to and the Court finds and concludes the following:

- 13 1. Defendant, a Native American person, knowingly, intelligently, and voluntarily decided to
14 make a plea of Guilty to the charge(s) of _____
15 _____ . Defendant has admitted that all
16 allegation(s) of the Criminal Complaint are true – which facts are sufficient to support a finding
17 of guilty. The Defendant stipulates and agrees that the information contained in the police report
18 including alcohol influence report forms, if applicable, are accurate and that the facts therein
19 stated are admissible into evidence against Defendant if this order of diversion is revoked.
- 20 2. The Defendant was advised by the Court that he or she has the following rights and hereby
21 waives these rights:
- 22 a. The right to a speedy and public trial by an impartial jury.
 - 23 b. The right to appeal a determination of guilty after a trial.
 - 24 c. The right to remain silent, before and during trial and he or she need not testify against
25 him or herself.
- 26

- 1 d. The right to hear and question witnesses who testify against him or her.
2 e. The right to have witnesses subpoenaed to testify on his or her behalf.
3 f. The right to have the charge(s) proved beyond a reasonable doubt.
4 g. The right to be presumed innocent unless/until the charge(s) are proved or defendant
5 pleads guilty.
6

7 3. The Defendant understands that the maximum sentence for the crime(s) charged herein of
8 _____ is _____ days in jail and/or a
9 _____ fine. If the defendant is found guilty the judge can impose any sentence up to the
10 maximum, no matter what the prosecuting authority or the defense recommends.
11

12 4. **Cooperation and Truthfulness.** The Defendant agrees to fully cooperate and to completely
13 and truthfully answer any and all questions from this Court, Wellness Court Staff, and any
14 health care and/or treatment provider for evaluation(s) and/or treatment required in this
15 Agreement.
16

17 5. **Additional Conditions.** The Defendant agrees to fully and completely satisfy all of the
18 following conditions:
19

20 a) I _____ (participant)
21 acknowledge that I have received a copy of, read or have read to me and
22 understand the Tulalip Healing to Wellness Court Participant Handbook, which I
23 understand may be revised during my participation, and I agree that if I am
24 accepted into the program, I will comply with all the rules and regulations as
25 outlined in the handbook, and all conditions of any Court Order issued.
26

b) I will not violate any city, state, tribal or federal laws. Any arrest or contact
with police must be reported to the Wellness Court case manager or designee
within twenty-four hours.

- c) I will not commit any acts of violence or threats of violence.
- d) I will be on time for all appointments and Court sessions.
- e) I will notify the Wellness Court case manager or designee or my treatment provider to receive absence permission in advance and to reschedule any appointments that must be missed.
- f) I will remain free of alcohol and illegal drugs.
- g) I may not possess any drug paraphernalia.
- h) I agree to comply with the Wellness Court Drug Screening policy.
- i) I will inform the Wellness Court case manager or designee and my treatment provider of any medications being taken, prescribed or over the counter, and I understand that the Wellness Court team will request proof of medical necessity.
- j) I may not possess any guns or weapons unless authorized by the court.
- k) I will attend school, the GED program, vocational training and/or work with no unexcused absences.
- l) I will not violate any curfews set by the Wellness Court team.
- m) I will not damage, tamper with or remove my GPS tracking bracelet.
- n) I will follow the Wellness Court dress code.
- o) I will comply with the community give-back hours and pay any restitution on time.
- p) I will follow the case plan developed for me by the Wellness Court team and follow all treatment recommendations.

6. **Address and Telephone Information.** The Defendant agrees to immediately notify the Wellness Court in person or in writing of any change of residence or mailing address and telephone number.

1 7. **Waiver of Confidentiality.** The Defendant shall sign all relevant waiver of confidentiality.
2 The Defendant understands that the trial court judge and prosecutor may be Wellness Court
3 team members and may participate in discussions regarding the Defendant’s progress in the
4 program and the facts of the underlying criminal behavior.

5 8. **Restitution.** The Defendant agrees to pay the following restitution directly to the Court and for
6 distribution to the following person(s) in the following amount(s): _____
7 _____

8 9. **Defendant’s Agreement.** The Defendant understands and agrees that he or she shall fully
9 and completely satisfy all of the conditions of this Agreement, and that failure to carry out
10 and fulfill any term or condition of this Agreement shall constitute a violation of this
11 Agreement.

12 a. The Defendant also understands and agrees that any allegation by the Prosecutor that
13 the Defendant violated this Agreement will result in a hearing by this Court to
14 determine whether a violation has been proven, and that Prosecution will not be
15 required to comply with its obligations in the section entitled “Prosecutor’s
16 Agreement” if the Court determines that the Defendant did not fully comply with this
17 agreement.

18 b. **Opt out** - Defendant understands that he/she may withdraw this agreement and opt
19 out of Wellness Court at the third Wellness Court review hearing, and return to the
20 regular criminal trial track and the trial rights waived will be restored. If defendant
21 fails to opt out at that hearing, he/she will remain in the program. If defendant fails
22 to appear or goes on warrant status during this period, he/she forfeits the right to opt
23 out of Wellness Court and the Court will automatically keep him/her in the program
24 at the third Wellness Court review hearing.

1 **10. Prosecution's Agreement**

2 If the Defendant successfully complies with the promises he or she has made herein, the
3 Prosecutor agrees to move to dismiss with prejudice the charge(s) of
4 _____.

5 **11. Speedy Trial Waiver**

6 Defendant agrees to toll speedy trial until the participant is no longer eligible to opt out of the
7 Wellness Court. Pursuant to an agreement of the parties, if the defendant opts out of Wellness
8 Court the speedy trial period will reset, calculated from the defendant's first appearance
9 following the opt-out date. The Tribes will have 60 days if the defendant is in custody or 90 days
10 if the defendant is out of custody to bring the defendant to trial. TTC 2.25.070(7).

11
12 Dated this _____ day of _____, 20__.

13
14 Defendant: _____
15 Address: _____
16 Phone: _____

17 Presented by: _____ Approved for entry: _____
18
19 _____
20 Prosecutor Attorney for Defendant

21
22 **Acceptance of Waivers, PDA and Order Transferring to Wellness Court**

23 THIS MATTER having come on regularly before the undersigned Judge of the above-
24 entitled Court by agreement of the parties for entry of a Pre-Trial Diversion Agreement,
25 Defendant's waiver of rights; the Court having considered this Agreement, motion and the files
26 and records herein, and being fully advised in the premises; now, therefore, it is hereby

1 ORDERED that the Court finds that the above Pre-Trial Diversion Agreement, Defendant's
2 waiver of rights have been entered into freely, voluntarily and knowingly by all parties hereto
3 with full awareness and explanation of the possible legal consequences.

4 It is further ORDERED that the Court declines at this time to find Defendant guilty of
5 the offense, but instead will place defendant on a deferred judgment probationary program
6 and transfers the case(s) to the Wellness Court, all previously set pretrial dates are stricken.

7 It is further ORDERED that the Defendant shall comply with the Wellness Court
8 Contract and Order Admitting Defendant, The Tulalip Healing to Wellness Court Participant
9 Handbook, any case plan created for the Defendant by the Wellness Court team and any
10 treatment recommendations.

11
12 DONE IN OPEN COURT this ___ day of _____, 20__.

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14 _____
15 Tulalip Tribal Court Judge
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1
2 **IN THE TULALIP TRIBAL COURT**
3 **FOR THE TULALIP INDIAN RESERVATION**
4 **TULALIP, WASHINGTON**

5 THE TULALIP TRIBES
6 A Federally-Recognized Indian Tribe,
7 Plaintiff,

7 v.

8 DOB:
9 _____
10 Defendant.

NO.

**PROBATION REVOCATION
AGREEMENT AND ORDER
TRANSFERRING TO WELLNESS
COURT**

10 THIS MATTER came before the Tribal Court. Probationer _____
11 appeared with _____ his/her counsel. The Tribe appeared through its
12 prosecutor. The parties stipulate to and the Court finds and concludes the following:

13 1. Probationer, a Native American person, was sentenced in this Court on the charge(s) of
14 _____.

15 2. Probationer currently has _____ days of jail suspended, \$_____ of fine owing and
16 \$_____ of fine suspended. Those portions of the sentence were suspended on the requirement
17 that he/she comply with conditions of probation including:

18 Chemical dependency assessment and follow all treatment recommendations;

19 No use or possession of alcohol, marijuana or non-prescribed drugs;

20 Mental health assessment and follow all treatment recommendations;

21 Fine of \$_____;

22 No new criminal law violations in any jurisdiction;

23 Appear at all scheduled court hearings;

24 Comply with required probation requirements;

25 Other: _____

1 3. The Probationer admits that he/she is in violation of the conditions of his/her Judgment and
2 Sentence Order. The Probationer stipulates and agrees that the information contained in the
3 Affidavit of Violations of Probation, including any attachments, are accurate and that the facts
4 therein stated are admissible into evidence against Probationer.

5 3. The Probationer understands that if she/he is referred to, is screened and offered acceptance
6 to the Tulalip Wellness Court, the Probation Officer will not seek to impose the suspended sentence
7 for the admitted probation violation(s), but instead agrees to resolve the revocation by sending the
8 case to Wellness Court. This agreement is conditioned on the Probationer agreeing to extend
9 probation pursuant to TTC 2.25.160(3)(c), to allow for completion of Wellness Court, and
10 agreement to the following requirements of the Tulalip Wellness Court.

11 4. **Cooperation and Truthfulness.** The Probationer agrees to fully cooperate and to
12 completely and truthfully answer any and all questions from this Court, Probation Staff, and any
13 health care and/or treatment provider for evaluation(s) and/or treatment required in this Agreement.

14 5. **Probationer's Promise to be Present in Court.** The Probationer understands and agrees
15 that he or she shall be present in court at all future court hearings herein unless previously waived
16 in writing by the judge.

17 6. **Additional Conditions.** The Probationer agrees to fully and completely satisfy all of the
18 following conditions:

19 a) I _____ (participant) acknowledge
20 that I have received a copy of, read or have read to me and understand the Tulalip Healing to
21 Wellness Court Participant Handbook, which I understand may be revised during my participation,
22 and I agree that if I am accepted into the program, I will comply with all the rules and regulations
23 as outlined in the handbook, and all conditions of any Court Order issued.

24 b) I will not violate any city, state, tribal or federal laws. Any arrest or contact with
25 police must be reported to the Wellness Court case manager or designee within twenty-four hours.
26

- 1 c) I will not commit any acts of violence or threats of violence.
2 d) I will be on time for all appointments and Court sessions.
3 e) I will notify the Wellness Court case manager or designee or my treatment provider
4 to receive absence permission in advance and to reschedule any appointments that must be missed.
5 f) I will remain free of alcohol and illegal drugs.
6 g) I may not possess any drug paraphernalia.
7 h) I understand and agree that drug tests may be given at any time.
8 i) I will inform the Wellness Court case manager or designee and my treatment
9 provider of any medications being taken, prescribed or over the counter, and I understand that the
10 Wellness Court team will request proof of medical necessity.
11 j) I may not possess any guns or weapons unless authorized by the Court.
12 k) I will attend school, the GED program, vocational training and/or work with no
13 unexcused absences.
14 l) I will not violate any curfews set by the Wellness Court team.
15 m) I will not damage, tamper with or remove my GPS tracking bracelet and will keep
16 my GPS tracker charged.
17 n) I will follow the Wellness Court dress code.
18 o) I will comply with the community give-back hours and pay any restitution on time.
19 p) I will follow the case plan developed for me by the Wellness Court team and follow
20 all treatment recommendations.

21 8. **Address and Telephone Information.** The Probationer shall immediately notify the
22 Wellness Court in person or in writing of any change of residence or mailing address and telephone
23 number.

24 9. **Waiver of Confidentiality.** The Probationer shall sign all relevant waivers of
25 confidentiality. The Probationer understands that the judge and prosecutor are Wellness Court team
26

1 members and participate in discussions regarding the Probationer's progress in the program and the
2 facts of the underlying criminal behavior.

3 10. **Drugs Prohibited.** The Probationer shall not possess or consume any non-prescribed
4 drugs.

5 11. **Alcohol Prohibited.** The Probationer shall not possess or consume alcohol.

6 12. **Restitution.** The Probationer shall pay the following restitution directly to the court and
7 for distribution to the following person(s) in the following amount(s):

8 13. **Opt Out.** Probationer understands that he/she may withdraw this agreement and opt out of
9 Wellness Court at the third Wellness Court review hearing, and the case will return to the regular
10 criminal docket, where the probationer will receive a sanction for the probation violations in accordance
11 with TTC 2.25.160(3). If Probationer fails to opt out at that hearing, he/she will remain in the program.
12 If Probationer fails to appear or goes on warrant status during this period, he/she forfeits the right to opt
13 out of Wellness Court and the Court will automatically keep him/her in the program at the third Wellness
14 Court review hearing.

15 14. **Probationer's Promise to Fully Satisfy Conditions.** The Probationer understands and
16 agrees that he or she shall fully and completely satisfy all of the conditions of this Agreement,
17 and that failure to carry out and fulfill any term or condition of this Agreement shall constitute a
18 violation of probation.

19 The Probationer also understands that if the probationer violates this Agreement and the
20 Wellness Court Team terminates him/her from the program, Prosecution will not be required to
21 comply with its obligations in the section entitled "Prosecutor's Agreement." If the Probationer
22 contests the basis for termination, a hearing will be set and the Prosecutor must prove the
23 violation by a preponderance of the evidence. Procedures in TTC 2.25.160(2) shall apply to
24 contested termination hearings.

1 Termination from the Wellness Court program is a probation revocation for the purposes
2 of TTC 2.25.160, and penalties shall conform to section (3), Penalty upon Revocation of
3 Probation.

4 15. **Prosecution's Agreement.**

5 If the Probationer successfully completes Wellness Court, the Prosecutor shall move to
6 close the case subject to this agreement upon graduation from the Wellness Court
7 program, including waiver of any fine (which does not include any restitution) owed.

8
9 Dated this _____ day of _____, 20__.

10
11 Probationer: _____

12 Address: _____

13 Phone: _____

14 Presented by:

Approved for entry:

15
16 _____
17 , WSBA #
Prosecutor

Attorney for Probationer

18
19 **Findings and Order Transferring to Wellness Court**

20 THIS MATTER having come on regularly before the undersigned Judge of the above-
21 entitled Court by agreement of the parties for entry of a Probation Revocation Agreement, the
22 Court having considered this Agreement, motion and the files and records herein, and being fully
23 advised in the premises; now, therefore,

24 the Court finds that the Probationer admitted to the alleged violations contained in the
25 notice of revocation, and there is a basis to find that the probationer is in violation of his/her
26 Judgement and Sentence in this case;;

1 It is hereby ORDERED that the Court declines to impose any suspended sentence, and
2 instead transfers the probationer's case to the Tulalip Wellness Court.

3 It is further ORDERED that the Probationer shall comply with the Wellness Court
4 Contract and Order Admitting Probationer, The Tulalip Healing to Wellness Court Participant
5 Handbook, any case plan created for the Probationer by the Wellness Court team and any
6 treatment recommendations.

7
8 DONE IN OPEN COURT this ____ day of _____.

9
10 _____
11 Tulalip Tribal Court Judge
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**TULALIP HEALING TO WELLNESS COURT
PARTICIPANT HANDBOOK**

By signing below, I acknowledge I have received the Wellness Court Participant Handbook, and that I have read, been instructed to read, or someone has read to me the entire Handbook.

Date: _____

Participant Signature

Print Participant Name

Wellness Court Team Member



Tulalip Healing to Wellness Court

6103 31st Ave NE, Tulalip, WA 98271 | 360-716-4773

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Tulalip Healing to Wellness Court

PARTICIPANT HANDBOOK



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INTRODUCTION TO WELLNESS COURT

Mission Statement

To provide the support and resources necessary for our Participants to begin living sober lives and reconnecting with their families, community, and culture.

Program Overview & Description

This Handbook provides information about the Wellness Court and what is expected of you as a Participant. As a Participant, you are expected to comply with all aspects of this Handbook, Wellness Court Orders, and to follow all instructions given in court by the Judge.

Criminal defendants charged with non-violent offenses arising from drug abuse and/or mental health conditions may be eligible to participate in the Tulalip Healing to Wellness Court and have their charges dismissed or probation closed.

Tulalip's Healing to Wellness Court (Wellness Court) will offer referrals and support in accessing comprehensive services in the areas of medical, mental health, and substance use disorder treatment, jobs skills, and placement.

Each Participant will be supported, supervised, and held accountable to that plan by the members of the Wellness Court team: Judge, Prosecutor, Defense Attorney, Coordinator, Case Manager, Substance Use Disorder Professional, Mental Health Counselor, and Law Enforcement Officer.

NOTE: *The information and rules in this Handbook may periodically change. Participants will be kept informed of any changes. You agree to be bound and abide by any subsequent changes.*

STAGES OF WELLNESS COURT

Wellness Court Participants must complete the five (5) Stages of Wellness Court to be eligible to graduate. Your treatment provider will track your progress through the Stages and report to the team when each stage requirement is met. At the completion of each Stage, you will be presented with a certificate and requirements for the next Stage. You will be eligible for Commencement Ceremony (graduation) when you have completed Stage Five.

Stage One – Introduction to Wellness Court: (14 consecutive days with no missed UAs)

- Attend Wellness Court as scheduled
- Comply with all court and treatment requirements
 - Attend scheduled Case Manager meetings, scheduled treatment sessions, self-help groups, cultural event, provide UA samples when scheduled, any other assigned requirements
- Comply with GPS monitoring
- Comply with curfew of 9:00 pm – 6:00 am
- Get medical assessment and schedule a dental evaluation and provide verification to Wellness Court team

You must have a minimum of 14 consecutive days of no missed UAs to progress to Stage Two.

Stage Two – Accountability: (minimum of 90 days)

- Attend Wellness Court as scheduled
- Comply with all treatment and court requirements
 - Attend scheduled Case Manager meetings, scheduled treatment sessions, self-help groups, cultural event, provide UA samples when scheduled, any other assigned requirements, such your Recovery Plan
- Attend scheduled dental evaluation and provide verification to Wellness Court team
- Provide your Case Manager with a copy of your High School Diploma or General Education Degree (GED) – OR, if you did not get either of those, identify and complete a long term written education/vocational training/job skills plan.
- Obtain and maintain sober housing
- Comply with curfew of 10 pm – 6:00 am
- Start Moral Reconciliation Therapy (MRT) and complete Steps 1-4

You must have a minimum of 30 consecutive days clean and sober (as evidenced by UA results) and in compliance with all requirements to progress to Stage Three.

Stage Three – Life Skills: (minimum of 90 days)

- Attend Wellness Court as scheduled
- Comply with all treatment and court requirements
 - Attend scheduled Case Manager meetings, scheduled treatment sessions, self-help groups, cultural event, provide UA samples when scheduled, any other assigned requirements, such as your Recovery Plan or Life Skills
- Continue to work on education/vocational training/ job skills plan/goals
- Complete MRT
- Begin working on community give back hours

You must have a minimum of 45 consecutive days clean and sober (as evidenced by UA results) and in compliance with all requirements in order to progress to Stage Four.

Stage Four – Independence: (minimum of 90 days)

- Attend Wellness Court every other week or as scheduled by the court
- Comply with all treatment and court requirements
 - Attend scheduled Case Manager meetings, scheduled treatment sessions, self-help groups, cultural event, provide UA samples when scheduled, any other assigned requirements, such as maintaining sober housing
- Obtain and maintain stable employment (minimum 20 hours per week), or enroll in and attend school (to be approved by Wellness Court team)
- Complete community give back hours (40 hours)
- Other individual requirements (if applicable, i.e., Recovery Plan, Life Skills, etc.)

You must have a minimum of 60 consecutive days clean and sober (as evidenced by UA results) and in compliance with all requirements in order to progress to Stage Five.

Stage Five – Mastery: (minimum of 120 days)

- Attend Wellness Court monthly or as scheduled by the court
- Comply with all treatment and court requirements
 - Attend scheduled Case Manager meetings, scheduled treatment sessions, self-help groups, cultural event, provide UA samples when scheduled, any other requirements, such as maintaining sober housing or Recovery Plan
- Restrictions Lifted on prohibited places, unless against treatment or court’s order
- Maintain employment (minimum 20 hours per week) or be attending school (minimum 10 credits per quarter, and must be approved by Wellness Court team)
- Pay off all restitution
- Maintain a sober network, such as through a sponsor or community participation

You must have a minimum of 120 consecutive days clean and sober (as evidenced by UA results), have no pending UA results, and in be compliance with all requirements in order to complete the program and have a Commencement Ceremony. A Participant will be eligible to graduate upon approval of the Wellness Court team.

PROGRAM REQUIREMENTS

You must report to your treatment agency as directed, and you must attend all individual and group sessions on time. You will be expected to attend support group meetings according to the schedule designed by your counselor. You will also be participating in random drug testing. You must follow all program rules and regulations.

Provisional Period

Your first three Wellness Court hearings are known as a “provisional period.” During this period you may choose to opt out of Wellness Court and return to the pretrial or probation criminal dockets, with all of your rights restored. If you want to opt out you must tell the Court in person at a Wellness Court review hearing, or in writing via motion. After your third Wellness Court hearing, you can’t opt out of the program. If you go on warrant status during the provisional period or fail to appear at court, you lose the right to opt out. The Court will automatically keep you in the program after what would have been your third hearing.

During the provisional period, the Wellness Court defense attorney only represents you in Wellness Court. If you have questions about going back to the regular criminal court, questions about your case, or any other non-Wellness Court questions, you need to ask your original attorney. After the provisional period is over, the Wellness Court defense attorney is your only attorney.

GLOBAL POSITIONING SYSTEM (GPS) MONITORING

All Participants starting Wellness Court will automatically be put on GPS monitoring for Stage 1. If a Participant has 14 consecutive days clean and sober as evident by UAs and in 100% compliance with Wellness Court, the team may consider removing GPS monitoring. If the Participant has a relapse or is out of compliance, then GPS monitoring may be reinstated. Cutting off the GPS will result in a court response up to and including termination from the Wellness Court program.

CASE MANAGEMENT

Your Case Manager will work with you to assist you in overcoming obstacles and provide guidance and support needed to successfully progress through the program. Your Case Manager will report your progress to the Wellness Court Team.

RECOVERY SUPPORT

The Recovery Support Specialist will work closely with you to develop, implement, and promote traditional cultural activities, sober support group attendance, and provide linkages to other recovery resources in the community.

RECOVERY SUPPORT HOUSING SERVICES

You may apply for funding for sober housing rental assistance to cover rental costs at an approved sober house. This funding is one time only and you must meet eligibility criteria. For more information check with your case manager

HOUSING

You must live in Snohomish County in a place that is sober at all times while participating in Wellness Court

You are not to have any drugs (including marijuana and designer) alcohol, and or paraphernalia in your home. This rule applies to everyone who lives in the home, regardless if they are participating in court

Participants shall discuss any address changes with the HWC prior to moving and need to notify Wellness Court within 24 hours of moving.

HOME AND FIELD VISITS

On occasion, members of the Wellness Court Team and/or Tulalip Law Enforcement may visit you at home or in the field such as work, community events, and other locations as deemed appropriate to make sure you are maintaining a drug and alcohol-free lifestyle. You are required to be respectful of them at all times.

CULTURAL ACTIVITY

You are required to attend and participate in a minimum of one (1) cultural event each month. You are required to present proof of attendance at each event to Wellness Court using the Mobile Trek application. You are required to use the Mobile Trek application to check-in and out of your cultural event. If you do not have a cell phone, this will be addressed on a case-by-case basis.

MEETINGS

You are required to attend and participate in 12-step/support/cultural support group meetings. The frequency of these meetings will be determined by your treatment provider. You must attend each of these meetings on separate days each week. In order to get credit for the meeting, you must stay for the full duration of the meeting. You are also required to present proof of attendance at those support group meetings using the Mobile Trek application. All required support groups must be completed by 11:59 pm the day before your court review hearing. All meetings must be in person, unless expressly allowed otherwise by the Wellness Court team or by the court's order.

You are required to use the Mobile Trek application to check-in and out of your support group. If you do not have a cell phone, this will be addressed on a case-by-case basis.

CONDUCT

You shall show respect to staff, peers, the Judge, and the court at all times. There is no eating, drinking, or chewing gum in the courtroom or at treatment, without Wellness Court team approval. Maintaining appropriate behavior shows the progress you are making toward your recovery. Disruptive talking in the courtroom during sessions, or in treatment when it is not your turn, being on your phone, and disrupting court is unacceptable. Wellness Court hearings allow a Participant to learn from their peers. We show respect to every individual.

Inappropriate sexual behavior, comments, or harassment towards staff and other Participants will not be tolerated. If what you are going to do or say might make someone else uncomfortable, do not do it or say it.

PROHIBITED PLACES

Places you are not allowed to be include bars, taverns/pubs, casinos, as well as homes where alcohol or drugs are used, party sites, Boom City during fireworks season, and gathering places where drugs and/or alcohol are being consumed. You may only be on the premises of a casino if you are employed and only during your shift hours. These restrictions will be lifted in Stage 5 unless there are specific treatment recommendations to not lift restrictions or by order of the Court. Any restriction will be discussed with the Participant and put in the stage plan.

EDUCATION/VOCATIONAL TRAINING/JOB SKILLS TRAINING

You must develop an education/vocational training/job skills plan. You will work with your Case Manager to develop your plan. Your Case Manager will continue to help you along the way to make sure this goal is met. If you already have your high school diploma or GED, then provide a copy to your Case Manager. If you received your GED from an institution in Washington State, and do not currently have a copy, you can appear at any Community College testing center with a picture ID and ask to have your record looked up. They can print you a copy of your test scores, which will be accepted by Wellness Court if it shows you have passed, and will direct you on where to apply for an official certificate if you want one.

EMPLOYMENT

It is your obligation to inform your employer of your participation in the Wellness Court program and make necessary arrangements for court appearances and therapeutic activities. Your treatment counselor and the Wellness Court Case Manager must be notified of changes in your employment status immediately. Employment will be verified routinely through phone contact or paycheck stubs by the Case Manager. On-site visits may also be conducted. If you are not employed when you enter the program, you may be required to attend employment assistance groups as part of your treatment or the program. You will be expected to have suitable and legal employment, or be enrolled in school, in order to graduate from the program. **Bars, taverns, pubs, marijuana dispensaries, and Boom City are not suitable work locations.**

TREATY FISHING AND HUNTING

Participants in Stage 3 may be allowed to participate in treaty fishing and hunting activities provided they must do the following:

1. Fill out and complete a fishing and hunting form
2. Provide a UA *both before and after* the treaty activity
3. Take a selfie complete with date and location data during the treaty activity and send that to their Wellness Case Manager

Participants are *not allowed* to miss two (2) consecutive Court days in pursuit of treaty hunting and fishing. Non-compliance with Wellness Court rules and requirements may result in a denial to participate in fishing or hunting activities.

CONFIDENTIALITY

Your rights to confidentiality are protected by Federal law. Information will not be released by the Wellness Court team without your written consent. You must sign a consent form, and any continuing or updated consent forms, allowing treatment program staff and the rest of the Team, as well as others identified by the court, to exchange information, in order to participate in the program. Exchange of information is necessary and in your best interest.

GIVE BACK HOURS

Wellness Court Participants will not be required to pay a monetary fee for Wellness Court participation. Participants will be required to donate 40 hours of their time to help the community. This will be referred to as “community give back.”

DRUG SCREENING

You are required to provide urine samples on a regular basis to monitor your progress. At times, you may also be required to submit to other recognized drug/alcohol monitoring techniques, i.e., hair follicle, oral swab. Any positive urine screens, tampered samples, diluted samples, or refusal to provide a sample will result in a sanction from the Wellness Court, up to and including termination from the program. You will not be permitted to provide a sample if you arrive late or leave the facility.

You must not ingest the following:

1. Any mind- or mood-altering substances.
2. Alcohol (could be in cold medicine like Nyquil, Bar-B-Que, sauce, etc.), alcohol substitutes (Near Beer, etc.) that may also contain some alcohol.
3. Poppy seeds in **any** form (muffins, bagels, bread, salad dressing, etc.).
4. “Natural” or herbal remedies or supplements.
5. Over-the-counter or prescription medicines without prior approval by your treatment provider such as Benadryl and diet pills.
6. Medications from Canada not sold over the counter in USA (222’s, etc.).
7. Products containing ephedrine (found in sinus and cold allergy medications).

8. Energy Drinks.

If you have questions, ask your treatment counselor FIRST!

Your body is YOUR responsibility. You are responsible for everything that goes into your body and therefore everything that leaves your body. This means each and every time you provide a urine sample, you will be held responsible for the test results.

If the Mobile Trek app is not working, or you do not have access to the app, you are required to call Mobile Trek using the phone number provided to you by Wellness Court staff. It is your responsibility to check in daily.

If you miss a check in or a UA, and are in Stage 4 or 5, then you will have at least 4 weeks before you can stage up or graduate. Please contact your treatment provider or Wellness Court Case Manager if you have questions regarding UA line procedures.

DENTAL & MEDICAL APPOINTMENTS/PRESCRIPTION MEDICATIONS

Participants in Wellness Court are expected to be drug free, including the use of mood or mind-altering, potentially addictive, prescription medications. Defendants with chronic pain requiring repeated use of prescription mind- and mood-altering pain medications which may include: opiate, narcotic, or benzodiazepine medications are not good candidates for the program. If you choose to participate in Wellness Court, then you will be required to discontinue all addictive medications.

Participants who are in Wellness Court must have the Wellness Court Medication form completed by their doctor before they take any medication. The form must be given to your physician at the time of services and be completed in its entirety and must include verification from the prescribing medical professional that you disclosed you are receiving treatment for a substance use disorder. This form, with copies of the prescriptions, must be provided to your treatment counselor and Case Manager within 24 hours. Participants are required to only use one physician and one pharmacist for all prescribed medications taken while in the program.

Participants are not permitted to change physician or pharmacy during the duration of the program. If there is a dire need to change physician or pharmacy this will need to be discussed with your treatment provider and staffed with the Wellness Court team before any changes can be made. Any medications may result in a change to your clean and sober date.

TREATMENT

Participants in Wellness Court are required to receive all substance use disorder treatment through Tulalip Tribes Family Services/Behavioral Health. There are two exceptions to this requirement:

1. If a Participant needs services that are not offered at Family Services. If you are receiving a service outside of Family Services for this reason, then a release of information must be signed for your treatment provider and your Wellness Court Case Manager to verify compliance, discuss treatment plans, etc.
2. If Family Services is unable to offer services to a Participant, then the Participant will be

referred to another location for chemical dependency treatment. A release of information will need to be signed with the outside agency for the Wellness Court treatment provider and the Wellness Court Case Manager to verify compliance, discuss treatment plans, etc.

You are required to successfully complete all phases of substance use disorder treatment before graduating from Wellness Court. Participants must be enrolled in treatment while participating in Wellness Court. Suspension or termination from treatment may result in termination from Wellness Court.

Other services: During your time in the program, there may be times where you are referred to other services. This includes, but is not limited to: mental health treatment, the problem gambling program, parenting classes, etc. To successfully graduate from the Wellness Court program, you must be compliant with all treatment recommendations and in the after-care phase of treatment, or successfully completed the treatment recommendation. Please contact your treatment counselor or Case Manager should you have any questions.

REVIEW HEARING/COURT APPEARANCE

You are required to attend regularly scheduled court review hearings at which the Judge reviews your progress toward recovery. You must arrive on time and stay until the end of the court session.

COURT RESPONSES

At each Wellness Court review hearing, you **may** be subject to incentives and/or sanctions from the court based on behavior or performance for the reporting period. Both compliant and noncompliant behaviors may be addressed with incentives or sanctions from the court to reinforce your choices and behaviors.

TRIP REQUEST/TRAVEL

If you wish to travel, you will need to complete a trip request form and provide it to your Case Manager, or, if they are unavailable, to the Wellness Program Manager, 48 hours prior to the planned travel. The team will review the request and approve or deny as appropriate. To be eligible, you must be in Stages 2-5 and in 100% compliance for at least 3 consecutive weeks. Please review the Travel Request Form for specific guidelines for travel requests.

FUNERAL LEAVE

A Participant may complete a funeral leave request form to be excused from court to attend a funeral of an immediate family member or to visit a family member whose death is imminent. The team shall have the discretion to approve or deny the funeral leave.

TERMINATION

Termination is an extreme measure. It is the correct response to serious breaches of program rules that compromise program integrity, indicating a person cannot be successful in the program.

- The termination of a Participant from the Wellness Court will be a decision made by the Wellness Court team.
- A Participant's continual lack of progress in treatment and/or continual non-compliance with may be grounds for termination from Wellness Court.
- Significant or severe rule infractions, including but not limited to those identified below, may be grounds for termination from Wellness Court:
 - Failure to participate in treatment;
 - New criminal charges;
 - Continuous failure to complete all program requirements; and/or
 - Tampering with drug testing

Termination shall automatically occur for one of the following charges, if probable cause is determined:

- If probable cause is found for one of the following new charges:
 - Drug sales, including trafficking;
 - Violent crimes such as assault, including partner or family member assault, robbery, and sexual offenses; or
 - Violation of no contact, protection, or anti-harassment orders;
- Threats of violence to Wellness Court team member(s) or participant(s);
- Being on warrant status on Wellness Court case(s) for 90 or more days; and/or
- If a permanent domestic violence, sexual assault, or family violence protection, anti-harassment, or no-contact order is issued against a Participant. "Permanent" is as defined in the Tulalip Tribal Code, Chapter 4.25 (with notice and a hearing), and does not include a temporary order.

If a Participant becomes medically unable to participate in the Wellness Court program, then they may be eligible for a medical termination. Documentation regarding the diagnosis must be provided to the team to determine the best course of action. Contact the Wellness Court Defense Attorney if you feel a medical termination is appropriate.

COMMENCEMENT CEREMONY (Graduation) FOR COMPLETION OF PROGRAM

Participants who complete all the requirements of the Wellness Court Stages should graduate from Wellness Court. However, a final decision on graduation will be made by the Judge with input from the Wellness Court team. All scheduled graduation dates are tentative and subject to change. You should not make plans that would impact your ability to continue to participate in the Wellness Court program should your graduation date be extended. Any pending pretrial diversion criminal charge(s) will be dismissed and probation matters that were included in your Wellness Court order will be closed upon graduation.

Graduation from the program is cause for celebration! Your family and friends are invited to attend your commencement ceremony, which honors your successful completion of the program, your accomplishment of achieving a drug and alcohol-free life, and moving out of the criminal justice system.

COURTROOM & TREATMENT RULES AND RESPONSIBILITIES

Participants have a responsibility to dress and appear in the Wellness Court and at the treatment center according to standards of propriety, safety, and health, and according to the following guidelines:

1. Arrive on time and stay for the entire court hearing. You are not to leave the courtroom once court has started, unless excused by the team. Take care of any personal needs beforehand.
2. DO NOT socialize and disrupt court; it is disrespectful to the Court and your peers.
3. Be respectful of your peers and the Court. NO profanity or bad language.
4. Turn off all electronic devices, cell phones, and Blue Tooth devices **BEFORE** entering the courtroom. Use of the Internet and texting are not allowed in the courtroom unless it is a virtual court hearing and devices are needed to participate in the court hearing. You cannot engage in any outside communications while in court.
5. Dress appropriately for court.
6. Do not bring infants and/or small children to court. Having children there will not delay or impact sanctions from the court. If no immediate arrangements can be made for their care, a behavioral specialist will be called.
7. Pay attention and respond to your turn at the podium.
8. No gum, food, or drink except water is allowed in the court room, except by team approval.
9. The Judge should always be addressed as “Judge” or “Your Honor” during court and in the courtroom. Stand at the podium when addressing the Judge.



Tulalip Healing to Wellness Court

Intake Screening Form

Date of Screening: ____/____/____

For Staff use only:		COVID-19 Vaccine: Yes	No
Residence in Tulalip: Yes	No	MAT/OMT: Yes	No
Prescription Drugs: Yes	No	Risk Score: High	Low
		Prev. Drug Court HX: Yes	No
		RANT Needs Score: High	Low

Personal Information

Full Name		<i>Last</i>	<i>First</i>	<i>Middle</i>	
Tribe: _____		Tribal ID No. _____			
Aliases/Maiden Name/Other Names Used		E-mail Address:			
How would you describe your current living situation?					
Are there any drugs or alcohol where you are living?					
Home Phone ()		Cell Phone ()		Message Phone ()	
Physical Address		<i>Street</i>	<i>Apt#</i>	<i>City</i>	
				<i>Zip Code</i>	
Mailing Address (If applicable)		<i>Street/PO Box#</i>	<i>City</i>	<i>Zip Code</i>	
How long have you lived here?		Type of Residence		Ownership Status	
Month(s):	Year(s):	House	Apartment/Condo	Shelter	
		Other: _____		Rent Own Other	
Who are you currently living with and what is your relationship with them? <i>Please provide full Names</i>					
Name: _____		Name: _____		Name: _____	
Relationship: _____		Relationship: _____		Relationship: _____	
Gender		Sexual Orientation/Identity			
Male	Female	Other: _____			
		Straight	Gay	Lesbian	
		Bi-Sexual Other: _____			
Height	Weight	Eye Color (<i>Circle One</i>)		Hair Color (<i>Circle One</i>)	
		Black	Blue	Bald	Black
		Brown	Green	Hazel	Other: _____
		Other: _____			
Date of Birth	Age*	*If 21 or under, have you even been in foster care or guardianship?			
How would you describe your relationship status?					
Have you ever served in a branch of the U.S. Military? Yes No					
Driver's License Status (<i>Circle one</i>)		ID# _____	State: _____		
Valid	None	Expired/Not Valid	Suspended	Revoked	

Children

Total # of Children: _____		# of Dependent Children: _____			
Child's Name	Age	Gender	Do you have custody?	Do you have visitation?	Who does this Child live with?
		M or F	Yes or No	Yes or No	
		M or F	Yes or No	Yes or No	
		M or F	Yes or No	Yes or No	
		M or F	Yes or No	Yes or No	
		M or F	Yes or No	Yes or No	
		M or F	Yes or No	Yes or No	

Is any agency (bedahel, CPS, etc.) involved in the care/custody of the child/children? Yes No

If yes, please describe:

If not involved at this time, was there past involvement? If so, what agency was involved?

Substance Abuse History

Primary drug of choice:	Secondary drug of choice:
When was the last time you used drugs or alcohol?	
Date: _____	Drug(s): _____
Have you used IV drugs in the past 30 days? Yes No	Do you have a history of IV use? Yes No
What age did you begin using drugs?	What age did you begin using alcohol?
Are you currently in a Substance Abuse Treatment Program? Yes No	
If Yes, Where: _____	Start Date: _____ Type of program: _____
How many times have you previously attended substance abuse treatment? _____	

Mental Health History

Current medications, medication dose, and prescribing physician (<i>psychological conditions only</i>):
Have you ever received mental health counseling or treatment services: Yes No
If so, when, where, and for what?
Have you ever been diagnosed with a Mental Health Condition? Yes No
If so, what is the diagnosis(s):

Do you have any concerns about your mental health at this time? Yes No

If yes, what are your concerns?

Medical History

Current medications, medication dose, and prescribing physician (*physical conditions only*):

Are you currently prescribed a medication for your substance abuse (e.g. Suboxone/Methadone/Naltrexone)? Yes No

If yes, do you plan on stopping use of this medication?

Do you have health/medical insurance? (Circle One)

None Medicaid Medicare Private Insurance* Other: _____

*Name of Private Insurance Provider:

Are you currently receiving medical treatment? Yes No

If so, for what?

Do you have any medical concerns at this time? Yes No

If yes, what are your concerns?

Do you anticipate any medical/dental needs or operations that may require prescription narcotics? Yes No

If so, for what?

History of dental/medical operations (*Begin with the most recent and work backwards*):

Date: _____ For: _____

Date: _____ For: _____

Date: _____ For: _____

Criminal Justice / Legal History

Prior Convictions? Yes No

If yes, what are your prior convictions beginning with the most recent:

Previous Convictions of Domestic Violence? Yes No

Previous Convictions of a Sex Offense? Yes No

If yes, What:

Have you ever registered as a sex offender? Yes No

If yes, when? _____

Do you have any outstanding warrants for your arrest? Yes No

If yes, Where?

For what?

Criminal Justice / Legal History (Continued)

<p>Are you currently on Probation? Yes No Probation Officer's Name: _____</p> <p>If yes, for what? _____</p> <p>If yes, where are you on probation? _____</p>
<p>Are you currently on Parole? Yes No Parole Officer's Name: _____</p> <p>If yes, for what? _____</p> <p>If yes, where are you on probation? _____</p>
<p>Do you have any other pending cases that have been charged and you have received notice of? Yes No</p> <p>If so, what are they?</p>
<p>Were there any others involved and/or arrested in your current offense(s) referred to Wellness Court? Yes No</p> <p>If so, who?</p>
<p>How is/are your current offense(s) alcohol or drug related?</p>
<p>How many times have you previously failed to appear for Court?</p>
<p>Have you previously participated in a Wellness or Drug Court(s): Yes No</p> <p>If yes, where was the Court Located?</p> <p>What was your status when you left the Wellness or Drug Court program?</p> <p>What year did you last participate in this program?</p>
<p>Do you have legal financial obligations (Court fees or fines) in any other case in any jurisdiction? Yes No</p> <p>If so, with who and how much?</p>
<p>Do you have any other criminal action (scheduled jail time or court hearings) that may delay or impede your ability to participate in Wellness Court? Yes No</p> <p>If so, with who and for what?</p>

Education Information

<p>What is the highest level of education that you have completed? _____</p> <p>Are you currently enrolled in an educational program or school? Yes No</p> <p>If Yes, What program or school?</p>		
<p>Did you graduate from High School?</p> <p>Yes No</p>	<p>Do you have a GED? Yes No</p>	<p>If yes to either, from where?</p>

Employment Information

Are you currently employed? Yes No

If yes, where are you working and how many hours do you work?

Do you receive per capita or general welfare payments? Yes No

If yes, how much? _____

If no, how are you meeting your basic needs?

Transportation

Do you have any transportation issues or concerns?

Are you comfortable using public transit?

Reference Information / Other Contact

(This should be a person who you are in frequent contact with and may know where you are if needed)

Reference	Last Name	First Name	Relationship
Full Address			
Phone Number ()	Length of Relationship		Frequency of Contact
Please describe your history with this person:			



Tulalip Healing to Wellness Court

Participant Agreement

By initialing each line, I acknowledge that I have read and understand the following Healing to Wellness Court (HWC) Program terms and conditions:

1. _____ I agree to participate in alcohol and/or drug treatment as directed by the Court, including self-help meeting (such as sweat lodge, white bison, AA, NA or Al Anon) as set forth in my treatment plan and Wellness Court program, and that I will provide verification of attendance. I understand that compliance with treatment recommendation is mandatory.
2. _____ I agree to cooperate with the Wellness Court Program Team, Wellness Court Coordinator, Wellness Court Case Manager, Behavioral Health and Recovery and any and all treatment providers. Failure to comply may result in termination.
3. _____ I agree to attend all treatment meetings, court dates and other scheduled appointments, and I will be on time. I understand that failure to appear for a court date will result in the issuance of a warrant, any other breach of this agreement may result in the issuance of an arrest warrant, and that I am solely responsible for transportation in order to fulfill the terms of the Wellness Court Program.
4. _____ I agree to sign any and all consent forms waiving confidentiality of any medical, substance use disorder treatment and mental health treatment. I further agree to sign any and all release which will allow the Wellness Court team to review diagnostic and treatment information. If I withdraw my consent, I understand that I will be terminated from the Wellness Court program.
5. _____ I agree that in order to achieve and maintain sobriety, I need to have a permanent and stable residence that supports a sober lifestyle. I shall notify the Wellness Court case manager or coordinator of any change in my residence as soon as possible but no later than 24 hours upon the change of residence.
6. _____ I agree to random home visits and/or employment visits, and curfew checks by Wellness Court team and/or Tulalip Police Department.
7. _____ I agree to allow inspections of my residence by the Wellness Court case manager or Community Supervision Officer and law enforcement. My home and the person I live with will be available for unannounced visits.

8. _____ I understand that I may also be required to comply with house arrest, curfew, area and person restrictions, electronic monitoring (GPS) via ankle bracelet, scam alcohol monitoring, etc., as part of Stage requirements.
9. _____ I understand that I may be required by Wellness Court coordinator, case manager and team to stay off social media based on negative impacts.
10. _____ I understand that I will be given a yearly planner and that it is a requirement of Wellness Court to bring my planner to all court hearings, case manager meetings, SUD appointments, and mental health appointments and if I do not I will be sanctioned. I also understand that if I lose my planner, it is my responsibility to replace it and that it will not be replaced by Wellness Court.
11. _____ I understand and agree that while Wellness Court staffing discussions usually occur in a private setting but that the team may communicate electronically about my participation and those discussions and communications are not confidential. I also specifically agree that my name and photograph(s), including booking and graduation photos and video or still images which may be obtained during drug court sessions or graduation ceremonies may be used and disseminated in the discretion of the Wellness Court team without the need to obtain further permission from me, although I may also revoke this consent in writing to the Wellness Court at any time.
12. _____ I understand that I shall not use, possess, or associate with any person(s) who use or possess any controlled substance or illegal drugs such as: heroin, cocaine (powder, base or “crack”), methamphetamine, PCP or LSD, Benzodiazepine, spice, bath salts or any other controlled substance, nor will I abuse any legal or over the counter substances, prescription medicines and I will avoid eating foods containing poppy seeds, alcohol, or any other substance that may result in a positive drug screen.
13. _____ I agree that that I will not use or possess alcoholic beverages or marijuana.
14. _____ I understand places I am not allowed to be include bars, taverns, pubs as well as home party sites, and gathering places where drugs and/or alcohol are being consumed. I understand I may only be on the premises of any casino if I am employed and only during my shift.
15. _____ I understand that I shall inform my Wellness Court case manager and/or coordinator of any over-counter medication I am using, or may use, and the medication must be non-addictive and not contain alcohol (i.e. mouthwash, cough syrup, etc.). I am responsible for verifying with a pharmacy or medical professional that these medications are non-addictive and do not contain alcohol. I understand that using mood-altering medications prescribed or not, could exclude me from participation in the Wellness Court program.
16. _____ I understand that I must live in Snohomish County in a place that is sober at all times while participating in Wellness Court

17. _____ I understand that I am not to have any drugs (including marijuana and designer) alcohol, and or paraphernalia in my home. This rule applies to everyone who lives in the home, regardless if they are participating in court
18. _____ I will discuss any address changes with the HWC prior to moving within 24 hours of moving.
19. _____ I understand I am responsible for informing any medical professional who is treating me that I am in recovery. I am also responsible for notifying my Wellness Court case manager and/or coordinator of all prescriptions and over the counter medications at the earliest convenience but no later than 24 hours.
20. _____ I understand that if I have an acute pain episode, I must have the Wellness Court Medication form completed by my doctor and copies of the form and prescription given to my treatment provider and Wellness Court case manager. I understand I am to use one physician and one pharmacist for all prescribed medications taken while in the program.
21. _____ I understand that I will be subject to random drug screening which will be directly observed to assist the Court and treatment providers in evaluating my progress. I understand that a positive test for alcohol or drugs will be sanctioned by the court.
22. _____ I have read and understand the following drug test rules:

I will be tested for the presence of drugs in my system on a random basis according to procedures established by the Wellness Court team and/or my treatment provider.

I will be given a number to call to find out if I have been selected to give a sample and that it is my responsibility to call and if chosen to report for the test.

If I am late for a test, or miss a test, it will be considered as a positive test for drugs/alcohol and that I may be sanctioned.

If I fail to produce a urine specimen or if the sample provided is not sufficient quantity, it will be considered a positive test for drugs/alcohol and that I may be sanctioned.

If I produce a dilute urine sample it will be considered as a positive test for drugs/alcohol and that I may be sanctioned.

I understand that the ingestion of excessive amounts of fluids can result in a diluted urine sample and I understand that my urine sample will be tested to ensure the sample is not diluted.

I understand that substituting or altering my specimen or trying in any way to modify my body fluids for the purposes of changing the drug testing results will be considered a positive test for drugs/alcohol and will result in sanctioning and may be grounds for termination from Wellness Court program.

23. _____ I agree to participate in any educational, vocational, treatment, or rehabilitation program ordered by the Wellness Court team to help maintain my sobriety and a law-abiding lifestyle.
24. _____ I will pay any fees, fines, and/or restitution as directed by the Court.
25. _____ I agree to inform the Wellness Court case manager and/or coordinator and treatment providers of any new arrests, contact with law enforcement, summons or any other situation that may impact my participation in the Wellness Court program.
26. _____ I understand that my participation in the Wellness Court program shall be terminated if I fail to make progress toward completion of the program.
27. _____ I understand that my participation in the Wellness Court program may be terminated if I am rearrested, test positive for drugs and/or alcohol, or fail to meet any of my court ordered obligations.
28. _____ I understand the Court can issue warrants, and impose sanctions, including jail time, rather than terminate my participation in the program. I understand that sanctions may be increased and may include termination from the program.
29. _____ I understand that if I travel outside Snohomish County for a period of time that exceeds 24 hours that I must first apply in writing and receive permission from the Wellness Court team.
30. _____ I have been given a copy of the participant handbook that outlines all program rules and my responsibilities as a Wellness Court participant. I understand if I have questions, I can ask my case manager or treatment provider at any time.

I have thoroughly read and understand all of these terms and condition of the Wellness Court program.

Print Name

Participant Signature

Date

Wellness Court Staff Signature

Date

Failure to comply with Wellness Court program rules will result in sanctions up to and including termination from the program:

1. Wellness Court is an intensive alcohol and drug treatment program. It requires a minimum of 18 months and a maximum of 24 months participation at which time you may be terminated if you have not achieved program graduation requirements.
2. You will be expected to attend ALL court appointments and treatment services as scheduled and on time. This includes, **but is not limited to**, the following:
 - ☞ **Court** ... You will be scheduled for regular court hearings for review of your participation and progress.
 - ☞ **Treatment** ... You will be scheduled for group and individual counseling during your participation in Wellness Court. You may be recommended to attend detoxification services, inpatient treatment, or mental health services based on your treatment plan.
 - ☞ **Sober Support Meetings/Cultural Support Meetings** ... You will be expected to attend at least three sober support meetings each week.
 - ☞ **Moral Reconciliation Therapy (MRT)** ... You will be required to complete this program. MRT is a program that is designed to deal with your criminal thinking errors and teach moral reasoning.
3. Obtaining a high school diploma or GED or completing a vocational training/job skills program is a graduation requirement.
4. You must be employed (*20+ hours/week*) or enrolled in an equivalent vocational/job skills/school program in order to graduate from Wellness Court.
5. You will be expected to complete Wellness Court community give back hours and restitution as ordered by the court:
 - ☞ **Community Give Back Hours** ... You will be required to give 40 hours of your time to the community for your participation in Wellness Court.
 - ☞ **Restitution** ... You are required to pay all restitution ordered by the court for all cases brought into Wellness Court.
6. Random urinalysis (UA) testing is a requirement of Wellness Court. All drug and alcohol testing will only be accepted and performed by a collection site approved by Wellness Court. You **must** be available to provide a sample **7 days-a-week, 365 days-a-year** during your participation in Wellness Court. You may also be told at any time, either in-person or by phone (*this includes voicemail*), that you will be required to submit a UA test that same day. Observed UA testing is required as part of the Wellness Court UA testing protocol. A same sex staff person will directly observe the collection of all UA tests.
7. All UA testing results are confirmed. You will be sanctioned for providing positive, missed, diluted, tampered or unable to provide UA specimens. UA specimens below 90 degrees, above 100 degrees, or that have a creatinine level below 20 mg/dL will be presumed to be failed and will result in a sanction. **You must not drink fluids excessively before UA testing.**
8. You must avoid environmental contaminants or foods that can conflict with UA testing results. **You are responsible to check all labels.** These include but are not limited to:
 - ☞ **Products containing alcohol** (*Hand sanitizer, mouthwash, medications, etc.*)
 - ☞ **Foods cooked or prepared with alcohol**
 - ☞ **Poppy Seeds** (*Sometimes hidden in breads, muffins, bagels, pastries, salad dressings, etc.*)
 - ☞ **Energy Drinks**
 - ☞ **Supplements containing Creatine**
9. You are expected to abstain from use of **all substances that may be habit forming, have abuse potential, and are harmful to your recovery or that conflict with UA testing** while participating in Wellness Court, except under the direct supervision of a physician.

- ☞ **Prescription Medications** ... You must inform your medical provider of your participation in Wellness Court prior to receiving any prescription medication(s).
- ☞ **Over-the-counter Medications/Supplements/Etc.** ... You must have approval from your case manager prior to taking any over-the-counter medication, supplements, natural remedies, vitamins, etc.

A MEDICATION FORM MUST BE SUBMITTED AND APPROVED BY YOUR CASE MANAGER IN ADVANCE PRIOR TO TAKING ANY OF THE ABOVE SUBSTANCES.

10. You must demonstrate a minimum of 120 consecutive days clean and sober from all habit forming substances and UA violations such as: positive, missed, unable to provide, diluted, or tampered UA tests, in order to graduate from Wellness Court.
11. You are **not** to associate with people who are engaged in Drug and/or Alcohol use or illegal activities.
12. You must reside in Snohomish County in a residence that is clean and sober. You will be subjected to unannounced home visits by the Wellness Court team during your participation in Wellness Court. **If your address or phone number changes, you must notify your case manager within 24 hours of that change.**
13. You must notify your case manager immediately if you have any contact with law enforcement. If you accrue new charges while in Wellness Court, you **may be terminated** from the program.
14. You **must** get permission from your case manager before you leave the State of Washington, regardless of the amount of time that you will be gone.
15. Failure to attend scheduled court hearings may result in a bench warrant being issued. If a bench warrant is issued, you **may be** terminated from Wellness Court. **You will be terminated** from Wellness Court if you are on bench warrant longer than 90 days.
16. You must contact your treatment counselor and case manager immediately if you have relapsed. Your success in Wellness Court requires you to be honest about all aspects of your life. If you are dishonest with the court in any way (e.g., forgery, omission of information, etc.), you may be terminated from Wellness Court.

By signing below, you acknowledge that you have reviewed and understand the above general Wellness Court rules.

Client Signature

Date

Wellness Court Staff Signature

Date



Date: _____

Tulalip Healing to Wellness Court

REFERRAL FORM

Please submit completed form to wellnesscourt@tulaliptribes-nsn.gov, fax (360) 716-0657

Client Information

Name: _____ Phone: _____
DOB: _____ Tribe: _____
Address: _____ Charge(s): _____

Cause No(s): _____

Has the client participated in a Wellness/Drug Court before? Yes No

Does the client have a family member currently enrolled in Wellness Court? Yes No

If yes, who _____

Potential incarceration time: _____

COVID-19 Vaccination: NO YES *please circle* MODERNA; PFIZER; Johnson & Johnson

Referral Source:

Referred By: _____

Defense Attorney Prosecutor Probation Officer Police Officer

Self Wellness Court team member Judge

Phone Number: _____

Email: _____

Date: _____

Eligibility Criteria:

- Participant must be willing to change their life
- Participant must be a member of federally recognized tribe
- Participant must be 18 years of age or older
- Participant must have a pending charge for a drug or alcohol related crime and/or pending probation revocation in the Tulalip Tribal Court
- Participant must be diagnosed with a substance use disorder
- Participant must be capable of following program rules and requirements
- Vaccinated against COVID-19

Eligible Offenses

- Drug offenses
- All property crimes
- Theft
- Robbery
- Burglary
- Probation violation

If the participant meets one or more of the following criteria, defendant will be **ineligible** for participation in Wellness Court:

- Participant is excluded from the Tulalip Reservation
- Participant is a registered sex offender
- Participant is being charged with a violent felony or has exhibited a pattern of engaging in domestic violence
- Participant has another charge pending for which they would be deemed ineligible
- Participant was convicted or has pending charge(s) of sex offense
- Participant has a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation and functioning

Please attach the following documents to complete the referral:

1. Defendant criminal history
 - a. Tribal history
 - b. JIS/State history
2. Police Report
3. Criminal Compliant

Making a {Living} Recovery Plan

The following areas should be addressed in your recovery plan. Some areas only require that you list items. Others involve planning. For those areas write goals for the next 6 months as well as long term.

1.0 Risks to My Recovery:

1.1 Your triggers: Write out lists of all your personal triggers, including people, places, situations, memories, feelings, emotions, moods, frustrations, and anything else you can think of which might “trigger” you to Think about using again.

- For each specific personal trigger that you listed write your specific, realistic personal strategy to avoid and/or to deal with it effectively.
- What is the one thing you will always do, no matter what, whenever you think about using again?

2.0 My Personal Support Plan (people, groups, dealing with my issues)

- Ongoing commitment to 12-step and/or other formal recovery support group meetings (describe your plans, schedule and thoughts about formal recovery support groups and going to the meetings).
 - Will your attitudes about recovery support groups help or harm the odds of your success and your long-term abstinence from psychoactive substances?
- Sponsorship
 - What are your plans for getting a recovery sponsor?
 - What qualities will you seek in your sponsor? Why are these qualities important to You and your Recovery?
 - What is your timeline for having an official recovery sponsor?
- Step work (set goals)
 - Do you intend to “work the steps” in your Recovery? Why not?
 - If you do, what is your plan and method for doing it?
 - Who will you share your work with so you can get realistic and helpful feedback?
- Professional help and supports for other issues (medical, psychological/mental health, emotional issues, life skills, financial, etc.)
 - Write a brief statement about how you feel about using each of these kinds of supports in your recovery.
 - Write brief, specific statements about your plans to arrange and follow through with appointments with professionals for help in these areas in your Recovery.

- ✓ Identify Where you will go for the help
- ✓ If known, Who will you see for the help
- ✓ As soon as possible, schedule When you will see a provider
- ✓ As always, specific How you will get there (e.g., drive, get a ride with [friend, relative], take the bus(es))
- ✓ Write all appointments on your Schedule Book/Calendar

3.0 Ongoing Self Care Plans

- Vision for your life: [write out a statement to yourself about how and where you see yourself in your future Life in Recovery. Pick any time that you think is or will be important for you to think about and to plan for].
- Health and Wellness Plans:
 - What health/dental issues or concerns do you need to take care of?
 - What are your plans to address these needs?
 - Identify providers and schedule needed appointments
 - Write the appointment days and times on your Planner/Calendar
- Characteristics you need in living situations: Roommates/housemates, animals, rent/own, city, town or country, large or small, any other important housing or living situation needs? (e.g., on bus line, near shopping, treatment, court/probation, etc.)
- Needs/goals for social activities/friends: Who is in your life now that supports your quitting and will be safe and healthy for you to be around and associate with?
 - What are you planning to do to meet new, non-using people who might become your new friends?
 - Write out a statement or list of the qualities you need/want to find in someone you will think of as your friend in the future. These things should be based on:
 - ❖ Keeping your Recovery First in Your Mind;
 - ❖ Staying Always True to Your Values, Beliefs and Boundaries:

4.0 characteristics important to me for my career & work

- What do you really want to do for a living now that you do not use psychoactive substances any longer?
 - What is it about this type of work, or specific job, that appeals to you?
 - Are you fully qualified to do the kind of work you want to do?
 - If not, what will it take to become qualified?
 - Is it realistic and achievable for you to want to do this kind of work?

- What are the barriers and obstacles that are between you now and you doing this kind of work?
- Write a list of everything you will need to do in order to become qualified to do this work. Does this still look like a realistic goal for you?
- Which of Your Personal Values, as you now understand them or want them to be, would be strengthened by doing this kind of work?
- Which of Your Personal Values would be Violated or Compromised if you did this kind of work?
- What are the most important things to you about work and/or a job?
- Do you have a career already? Do you want to have a “career”?

5.0 Nutrition, exercise, sleep: What I’m going to Do in Recovery

- In the past few years how would you rate yourself in these three critical recovery areas? How/what have you been eating? What kinds of things have you been doing for exercise; how often have you been doing these things? What have your sleep habits been like?
- Write your current plans for healthy daily nutrition.
 - What kinds of foods and liquids will you consume? Why?
 - What kinds of foods and liquids will you not consume? Why Not?
- How do you plan to get enough regular exercise and stay fit in your Recovery?
- Why do you think getting 7-9 hours of sound sleep every night is important to do?
 - What conditions do you believe you need to have to get this amount of sleep?

6.0 Spiritual Life: Prayer, Faith, Philosophies, etc. aka: THE BIGGER PICTURE! How will I make sense of My Life in Recovery?

- What are you present thoughts and beliefs about the “meaning of your life”?
 - How does that belief system affect your Recovery Plans?
- Is Spirituality going to be a major factor in your Recovery? Why? Why not?
- Where will you get your Inner Strength and determination to stay abstinent?
- How important to you are your religious beliefs?
 - Do you attend formal religious services or plan to do so?
 - Do you weigh your decisions in Recovery based on your Beliefs and Personal Values?
- What will you do or keep in mind that will enable you to stay “In The Moment” and be “Present in the Present” in Your Recovery?

- Activities that nurture you:
 - What are you planning to do for fun?
 - What are you planning to do for mental growth and learning?
 - What are you planning to do to avoid feeling “bored”?
 - What are you planning to do when you feel sad or depressed?
- What attitudes will you try to have each day? Which ones will you try to avoid having?

Write all these things down, along with everything else that you personally, believe or feel about Life’s Big Picture, and things that you will need to do to Nurture Yourself in Your Recovery.

7.0 Romance/Intimacy; What Do I Want and When Do I Want It in Recovery?

This may seem especially hard to plan ahead of time, but, like all the other areas of your Life in Recovery, Plans help prevent mistakes, accidents, loss of focus and awareness and Relapse.

Take the time to think and write about your thoughts on sexual/intimate relationships. Odds are they will be quite different through eyes focused on Recovery than when you were in your active addiction years.

Be Honest with yourself about these things: Sexual/Intimate relationships, significant others, life-partners, girlfriends, boyfriends, wives, spouses, husbands, whatever we call them, these are the most valuable, and the most vulnerable, relationships in our Lives.

In Recovery we need to know when a relationship is wrong and destructive for us, and when it is healthy, nurturing and beautiful. It’s the difference between success and failure in Recovery, and a matter of Life and Death to our Spirit and Our Hopes.

8.0 Personal intimate relationship philosophy (purpose and nature of sex, romance, and relationships in general):

- Who to date, how to date, and when to be sexual, or if already in a sexual relationship:
 - How will your relationship be affected by your Recovery? Is it a relationship that is healthy for you, or not. If not, what are you going to do about it?

- If you are not in a sexual relationship but want to be in one someday, define in your mind, then on paper, what you want in the other person.
- Write a statement about facing problems in your primary relationships:
 - How will your communication and problem-solving approaches be different in your Recovery than they were in your past?
- What changes do You need to make before you are ready for an intimate/romantic commitment?

9.0 Recreation, hobbies, vacations: What Will I Do Besides Think About Recovery in My New Abstinent Lifestyle?

- Make lists of things you intend to do to “re-create” in Recovery. These should be either things you used to do but quit during your addicted years and want to pick-up again, or, things you’ve always wanted to try but never got around to doing in the past.
- What are your hobbies in life? What were they at one time? Why did you stop engaging in certain hobbies? Was it boring? Did you ‘outgrow it’? Or, do you regret stopping this activity and can’t wait to pick it up again?
- What are your plans for “vacations” away from day-to-day responsibilities in the coming year? [Hint: the ‘key phrase’ is “away from day-to-day responsibilities”]
- Vacations in this sense are: Planned times when you kick back, enjoy your life (with or without the company of others), recharge your “coping batteries” and reflect on the progress you’ve made in recovery and are grateful for all the changes that you have caused to happen for the better in your life.
- So, what are your Vacation Plans for the next year? You don’t have to ‘go anywhere special’ to be on a vacation. A Vacation is a State of Mind!

10.0 Holidays, family time: Planning ahead for My Safety with Others in Mind

- What are the important holidays in your Year? Why are these the ones you picked as important?
- How did you spend each of these important holidays during your addicted years?
- How do you plan on spending them in your Recovery? Be specific, as always, about where, with whom, what you’ll be doing and your emotional responses to these holiday plans.
- What do you have to do in order for these plans to become realities?
- Are there family members it will not be safe for you to be around at holiday-time?
- Who? How will you deal with this problem?

- What do you plan to do to stay safe in Recovery when family members are using at holiday get-togethers?

11.0 My Ongoing Relapse Prevention Strategies

- Who you will be accountable to for keeping yourself safe, on-track and focused on Your Recovery?
- **Relapse Danger Signs:** when to do immediate self-analysis of the dangerous issues, behaviors, feelings, attitudes or relationships that are putting you at risk for using again.
 - What is your Plan for addressing the Dangers and Risks you identified?

When and how often will you review this Recovery Plan: track your progress & make needed changes and updates to The Plan.

What will keep this a “*Living Document*” in Your Recovery?

- ❖ ***Remember: A Life Mindfully-Lived Greatly Increases Your Odds of Being Successful in Your Recovery!!***

TAKE A DAILY RECOVERY INVENTORY AND BE GRATEFUL!



Tulalip Healing to Wellness Court

Melissa Johnson (Program Manager)
 TEL (360) 716-4764 Cell (425) 297-0779
 Erika Moore (Treatment Coordinator/Case Man)
 TEL (360-716-4771, CELL (360)926-6902
 Kimberly Nelson (Recovery Support Specialist)
 TEL (360) 716-4753, CELL 425-564-516-1587
 (WC CSO/Case Manager)TEL (360) 716-4752;
 Wellness Court 360-716-472
FAX (360) 716-4723

Stage One (Stabilization) Checklist

Name:		Stage Start Date:	
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Welcome to the Healing to Wellness Court! You are currently in the stabilization stage of Wellness Court. In order to move to the next stage of this program, you will be required to complete the following tasks.

Yes or No	Task
	Attend Wellness Court weekly as scheduled
	Meet with your treatment provider to identify treatment goals
	Comply with treatment & WC requirements
	Comply with GPS monitoring
	Comply with curfew of 9:00 pm – 6:00 am
	Attend weekly office visits with Wellness Court case manager
	Address housing barriers
	Get medical assessment & schedule dental assessment
	Provide urinalysis samples as scheduled
	Attend cultural activity once per month
	Attend a minimum of three 12 step/support/cultural support meetings per week.
	Develop a restitution payment plan, if applicable
	Other individual requirements-no missed UA's for 14 consecutive days

I, _____, Wellness Court Case Manager or Designee, affirm that this Wellness Court participant has successfully completed all requirements in Stage 1 of Wellness Court, and is eligible to advance to the next Stage. Prior to the participant staging up, I have reviewed the Participant Handbook regarding this Stage, as well as the participant's compliance, and the participant has met every requirement, which is outlined in the above checklist.

Signature _____ date _____



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FAX (360) 716-0350

Stage Two (Accountability) Checklist

Name:		Stage Start Date:	
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Welcome to the Healing to Wellness Court! You are currently in the accountability stage of Wellness Court. In order to move to the next stage of this program, you will be required to complete the following tasks.

Yes or No	Task
	Attend Wellness Court weekly as scheduled
	Maintain sober housing
	Comply with treatment & WC requirements
	Attend cultural activity once per month
	Comply with curfew of 10:00 pm – 6:00 am
	Provide your case manager with a copy of your High School Diploma or General Education Degree (GED) – or identify education/vocational training/job skills plan with your case manager
	Attend weekly office visits with Wellness Court case manager
	Attend Moral Recognition Therapy (MRT) and complete steps 1-4
	Begin working on your Recovery Plan Assignment
	Provide urinalysis samples as scheduled
	Attend a minimum of three 12 step/support/cultural support meetings per week.
	Attend scheduled dental assessment
	Other individual requirements (optional): 90 days Min.

I, _____, Wellness Court Case Manager or Designee, affirm that this Wellness Court participant has successfully completed all requirements in Stage 2 of Wellness Court, and is eligible to advance to the next Stage. Prior to the participant staging up, I have reviewed the Participant Handbook regarding this Stage, as well as the participant’s compliance, and the participant has met every requirement, which is outlined in the above checklist.

Signature _____ date _____



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Stage Three (Life Skills) Checklist

Name:		Stage Start Date:	
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Welcome to the Healing to Wellness Court! You are currently in the life skills stage of Wellness Court. In order to move to the next stage of this program, you will be required to complete the following tasks.

Yes or No	Task
	Attend Wellness Court weekly as scheduled
	Maintain sober housing
	Comply with treatment and WC recommendations
	Attend cultural activity once per month
	Continue to work on educational/vocational training/job skills plan and
	Attend weekly office visits with Wellness Court case manager
	Complete MRT
	Continue working on your Recovery Plan Assignment in treatment
	Provide urinalysis samples as scheduled
	Attend a minimum of three 12 step/support/cultural support meetings per week
	Other individual requirements (optional): 90 days min.

I, _____, Wellness Court Case Manager or Designee, affirm that this Wellness Court participant has successfully completed all requirements in Stage 3 of Wellness Court, and is eligible to advance to the next Stage. Prior to the participant staging up, I have reviewed the Participant Handbook regarding this Stage, as well as the participant's compliance, and the participant has met every requirement, which is outlined in the above checklist.

Signature _____ date _____



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Stage Four (Independence) Checklist

Name:		Stage Start Date:	
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Welcome to the Healing to Wellness Court! You are currently in the independence stage of Wellness Court. In order to move to the next stage of this program, you will be required to complete the following tasks.

Yes or No	Task
	Attend Wellness Court every other week as scheduled
	Maintain sober housing
	Comply with Treatment and WC requirements
	Establish sober network
	Obtain and maintain employment (minimum 20 hours per week) or enroll in and attend school (minimum ten credits per quarter)
	Attend every other week office visits with Wellness Court case manager
	Attend cultural activity once per month
	Complete community give back hours (40 hours)
	Provide urinalysis samples as scheduled
	Attend a minimum of three 12 step/support/cultural support meetings per week
	Complete your Recovery Plan Assignment
	Other individual requirements (optional): 90 days min.
	Stay up to date with your dental appointments.

I, _____, Wellness Court Case Manager or Designee, affirm that this Wellness Court participant has successfully completed all requirements in Stage 4 of Wellness Court, and is eligible to advance to the next Stage. Prior to the participant staging up, I have reviewed the Participant Handbook regarding this Stage, as well as the participant's compliance, and the participant has met every requirement, which is outlined in the above checklist.

Signature _____ date _____



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FAX (360) 716-0350

Stage Five (Mastery) Checklist

Name:		Stage Start Date:	
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Welcome to the Healing to Wellness Court! You are currently in the mastery stage of Wellness Court. In order to move to the next stage of this program, you will be required to complete the following tasks.

Yes or No	Task
	Attend Wellness Court as scheduled
	Maintain sober housing
	Comply with all treatment and WC requirements
	Maintain sober network
	Obtain and maintain employment (minimum 20 hours per week) or enroll in and attend school (minimum ten credits per quarter)
	Attend monthly office visits with Wellness Court case manager
	Review program requirements with case manager and make sure everything is complete
	Provide urinalysis samples as scheduled
	Attend cultural activity once per month
	Attend a minimum of three 12 step/support/cultural support meetings per week
	Maintain medical/dental insurance and appropriate treatment
	Pay off all restitution
	Other individual requirements (optional): 120 days min.

I, _____, Wellness Court Case Manager or Designee, affirm that this Wellness Court participant has successfully completed all requirements in Stage 5 of Wellness Court, and is eligible to advance to the next Stage. Prior to the participant staging up, I have reviewed the Participant Handbook regarding this Stage, as well as the participant's compliance, and the participant has met every requirement, which is outlined in the above checklist.

Signature _____ date _____



Tulalip Healing to Wellness Court

Trip Request Form – Complete front and back!

Requirements:

- Be in Stages 2 through 5. Current Stage: _____
- Must be in 100% compliance for at least 3 weeks

Your trip request must be submitted before 12 pm on Tuesdays' to be staffed that day. If it is submitted after this time it will not be staffed until the following Tuesday.

If the above requirements are met, please fill out the rest of the form. You will receive a decision once the request has been staffed with the Wellness Court team. Please turn in the completed form to a Wellness Court Case Manager.

Participant Name: _____

Date request submitted: _____

Location of Trip: _____

What is the reason for the trip? _____

What day and approximate time are you leaving? _____

What day and approximate time are you returning? _____

What is the address of where you are staying? _____

How are you traveling? _____

Note: Provide documentation if traveling by plane, train, or bus.

What is your plan to attend sober support meetings while gone? _____

These are the established rules for all trip requests. Please read and **initial** each line to acknowledge you've read and understand the rules. Complete both sides of this form

pg. 1 of 2

Please return this form directly to the Wellness Court Case Manager:
Tel #: 360-716-4771 Fax #: 360-716-0350

Rules:

_____ You are only allowed up to 15 days of Trip Requests total during your participation in Wellness Court.

_____ The Wellness Court Case Manager will screen the request; if the eligibility for Trip Request has not been met, the Case Manager will decline the request.

_____ Family emergencies that require the participant be away (illness, death, etc.) are not incentives and are reviewed on a case-by-case basis with the team.

_____ All trip requests are approved for only the dates/times and location of this completed and approved Trip Request form. Once approved, you are not allowed to change the dates/times and/or location of a Trip Request without prior Wellness Court Team approval.

_____ If you leave later than the date/time listed on your approved Trip Request form, you must notify your Wellness Court Case Manager and get approval of any changes prior to leaving. If you return earlier than the date/time listed on your approved Trip Request form, you are required to notify your Wellness Court Case Manager immediately

_____ You are required to comply with Wellness Court requirements during the entire duration of your trip unless preapproved by the Wellness Court Team.

_____ You may be sanctioned if you fail to complete Wellness Court requirements when you leave late and/or return early from an approved Trip Request.

_____ Participants must attend the required number of sober support meetings for the week.

Participant signature: _____ **Date:** _____

Approved

Denied

Reason for denial: _____

Wellness Court Staff signature: _____ Date: _____

FISHING AND HUNTING TREATY RIGHTS

[NAME]

[DATE]

[ARE YOU IN STAGE 3 AND ABOVE?]

[ARE YOU IN FULL COMPLIANCE?]

Check list

- Turn in form ASAP -get pre-approval
- Sign in and out using mobile trek (culture event) and take selfie
- Take UA's as assigned below

THE WELLNESS COURT FULLY SUPPORTS SOVERIEGN TREATY RIGHTS AND WILL DO OUR BEST TO ACCOMMODATE YOU AS WE KNOW THIS IS A PART OF LIFE AND A SOURCE OF INCOME:

If you plan on exercising your rights, you must still honor Wellness Court program rules and complete all program requirements. If the activity interferes with your UA or treatment, you must follow any notes listed below. You must also notify your treatment provider in advance. To be considered, you must be in full compliance. You must also have permission prior to going.

Your UA schedule will only be accommodated depending on the location and length of your hunting/fishing request. Please fill out form and follow any recommendations noted. If you have any questions please call your case manager.

Remember, court cannot be excused two consecutive times.

DATES OF PLANNED TREATY ACTIVITY:

LOCATION:

FILL OUT TIME AND DATES YOU WILL BE GONE EACH DAY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Participant must take UA's as scheduled but can receive a late pass (CDAC closes at 3:30)

Participant must take UA's that are indicated above, the time period between will be excused

NOTES:

SIGNATURE:

CASEMANAGER SIGNATURE:

I fully understand what is expected of me: