

ROSEBUD SIOUX TRIBE  
JUVENILE COURTS DEPARTMENT

P.O. BOX 129  
ROSEBUD, SD 57570



PH: (605) 856-8701 ext 1307  
Fax: (605) 856-2130

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**CHILD IN NEED OF SUPERVISION (CHINS) PETITION**

**PARENT INFORMATION:**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_  
WORK: \_\_\_\_\_  
CELL: \_\_\_\_\_

**CHILD'S INFORMATION:**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GENDER:  MALE  FEMALE

Child's School & Grade: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Are you the Legal Guardian of this child?  YES  NO

Are there any other legal guardians of this child? If so, please list the names and addresses of the other guardians: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELIEF REQUESTED:**

What assistance would you like the Tribe to provide through a CHINS petition? This can include, for example, court ordered counseling or alcohol treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please note that a child will very rarely be placed in detention based on a CHINS petition.)



**COUNSELING:**

Has your child been to IHS for a mental health evaluation or counseling?  YES  NO

If yes, what were the results? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL OR DRUG TREATMENT:**

Do you believe that your child has an alcohol and or drug problem?  YES  NO

Has your child had an alcohol or drug evaluation?  YES  NO

If so, when and where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were the results? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been to treatment?  YES  NO

If so, when and where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were the results? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done to try and remedy your child's behavior? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Please obtain any records related to treatment and attach them to this application.)**

