ROSEBUD SIOUX TRIBE JUVENILE COURTS DEPARTMENT

P.O. BOX 129 ROSEBUD, SD 57570



PH: (605) 856-8701 ext 1307

Fax: (605) 856-2130

CHILD IN NEED OF SUPERVISION (CHINS) PETITION

PARENT INFORMATION:			
NAME:	DATE:		
ADDRESS:	PHONE #:		
	MODIC.		
	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 guardians:			
RELIEF REQUESTED: What assistance would you like the Tribe to provide through a example, court ordered counseling or alcohol treatment:	•		

BREAKING THE LAW:

Has your child broken any laws? This includes underage alcohol and drug use. Please list in detail each law broken. Provide the law broken, the time of the offense, and whether it was reported to the police. If the crime was not reported to the police, explain why.					

(Please note that you should be reporting crimes to the police before filing a CHINS petition. The police can take immediate action. Furthermore, if the child is placed on probation, the courts can provide much more help for the child. In many cases, having a child placed on probation is the most effective way to deal with a problem.)

COUNSELING:

Has your child been to IHS for a mental health evaluation or counseling? $\ \square$ YES $\ \square$ NO
If yes, what were the results?
ALCOHOL OR DRUG TREATMENT:
Do you believe that your child has an alcohol and or drug problem? $\ \square$ YES $\ \square$ NO
Has your child had an alcohol or drug evaluation? \square YES \square NO
If so, when and where?
What were the results?
Has your child been to treatment? \square YES \square NO
If so, when and where?
11 30, when and where:
What were the results?
What have you done to try and remedy your child's behavior?
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Optional: Please provide any other information you think is relevant in this space. Attach additional sheets if necessary. _____ **Parent/Guardian Signature** Date

Other Information: