



**CONFEDERATED TRIBES OF THE COLVILLE RESERVATION
PEACEMAKING CIRCLE PROGRAM
P.O. BOX 150
NESPELEM, WA 99155
TELEPHONE NO. (509) 634-2071 FAX NO. (509) 634-2072**

APPLICATION AND CONSENT FORM

APPLICANT:

First Name _____ Middle _____ Last _____

Address _____ Home Telephone _____ / _____ - _____

_____ Work Telephone _____ / _____ - _____

Date of Birth _____ Cell Phone _____ / _____ - _____

Tribal Member? Yes ___ No ___ Enrollment No. _____

If you are not a member of the Colville Tribes, please indicate on the line below whether you are a CCT descendant, member or descendant of another Tribe, or non-Indian:

ATTORNEY FOR APPLICANT (IF APPLICABLE):

Attorney Name _____ Attorney's Telephone _____ / _____ / _____

Email: _____

Type of Case and Court Case Number (if applicable): _____

RELEASE OF INFORMATION AND PARTICIPATION AGREEMENT:

I grant permission for my court records, juvenile records, pre-sentence report(s), police reports, psychiatric/psychological/mental health evaluation and/or reports, medical records, school records/reports, substance abuse records/reports, or any other records about me to be released to the Peacemaking Circle Program (PMC) for the peacemaker circle process.

I understand that I will be given the opportunity to participate fully in any decisions made in the Circle. I agree that I will attend future Circle meetings as agreed upon in the Circle. I will inform Circle members of the steps I am or will be taking to achieve my goals. I will commit to follow through with anything that I have agreed to do in the Circle. I will commit to attending in accordance with the PMC peacemakers' determination of time, length and location of my Circle process. I will be on time.

If this is a court referral, I understand that if, at any time during the Circle process, I do not hold to the agreements I have made in the Circle, or if I choose to withdraw from the Circle process, my case will be referred back for final disposition under the rules of the referring Court. I understand that the decision to refer my case back to court is at the sole discretion of the Peacemaker Circle Program,

Applicant Signature

Date

Parent/Guardian Signature (if applicable)

Date



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APPLICANT'S SUPPORT PEOPLE: Please use the spaces below to list support people who may want to participate in your process. Support persons should be family members or friends who are substance-free, and to whom you feel comfortable talking about personal issues during times of need.

1. _____ (____) _____
Full Name (please print) Home Phone

Cell Phone
2. _____ (____) _____
Full Name (please print) Phone

Cell Phone

NAME OF CO-APPLICANT AND/OR OTHER PARTY TO THE CASE:

1. _____ (____) _____
Full Name (please print) Home Phone

Cell Phone
2. _____ (____) _____
Full Name (please print) Home Phone

Cell Phone

PLEASE BRIEFLY EXPLAIN WHY YOU ARE APPLYING TO THE PEACEMAKER CIRCLE PROGRAM (WHAT DO YOU HOPE TO ACHIEVE?):

Applicant Signature

Date

Peacemaker Circle Program Signature

Date



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PMC CLIENT NUMBER	FULL NAME OF CLIENT

CONFIDENTIALITY AGREEMENT

“What is said in the circle stays in the circle.” Any communication relating to the subject matter discussed in a peacemaking circle by any client, participant, or peacemaker is considered a confidential communication. The relationship between the participants in the circle is a private protected relationship. Information communicated through any interaction in the circle shall remain confidential and the law cannot force disclosure of any such confidential communication.

Aside from any written agreement reached and signed by the parties, and case status/compliance reports provided to the Court, the work product and case files are confidential and not subject to disclosure in any judicial or administrative proceeding.

The only exception to this Agreement is reasonable cause, based on a disclosure made in the circle, to believe that child or elder abuse/neglect has occurred. As required by Tribal law, The Peacemaker Circle Program will report such disclosures to the proper authorities.

By signing this Confidentiality Agreement, the undersigned acknowledges that he/she has read, understands, and agrees to the confidentiality provisions as set forth in this Agreement.

PRINTED NAME OF CLIENT: _____

SIGNATURE OF CLIENT: _____ **DATE:** _____

SIGNATURE OF WITNESS: _____ **DATE:** _____



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Consent to Release Confidential Information

I, _____, born ____/____/____, consent to the Peacemaker Circle
(please print)

Program (PMC) releasing information regarding my attendance and compliance with PMC requirements to the agencies/persons indicated below:

- ☐ Colville Tribal Court
- ☐ Colville Tribal Children and Family Services
- ☐ Colville Tribal Office of Public Defender
- ☐ Attorney: _____
- ☐ Mental Health Agency/Professional: _____
- ☐ Physician or Medical Facility: _____
- ☐ Community Agency: _____
- ☐ Colville Tribal Office of Prosecuting Attorney
- ☐ Colville Tribal Probation Office
- ☐ Other: _____

BE SPECIFIC IN FILLING OUT THE INFORMATION ABOVE. The PMC Program will not release information outside of your specific consent, and we will never divulge confidential information shared in the circle. The only exception to this is in cases of suspected child abuse and neglect.

The duration of this authorization is until:

- ☐ **Six months** from the date of my case's discharge from the Program
- ☐ **One year** from the date of my case's discharge from the Program
- ☐ Other: _____

I understand that I may revoke this consent at any time by notifying the Peacemaker Circle Program in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

Date

Signature