	ND TRAVERSE BAND OF	REQUEST			CASE NO.	
	OTTAWA AND CHIPPEWA Defendants		_	-		
INDIANS TRIBAL COURT (before sentencing)						
2605 N. WEST BAY SHORE DRIVE, PESHAWBESTOWN, MI 49682 (231)534-7050 TribalCourt@gtb-nsn.gov (231)534-7051 fax						
	ner name, address, phone number D TRAVERSE BAND OF OTTAWA	AND		Respondent name	, address, phone number	
	D TRAVERSE BAND OF OTTAWA EWA INDIANS	AND				
Cimii	EWITHDITHS		VS			
Petitioner attorney/lay advocate name, address, phone number Tribal Prosecuting Attorney				Respondent attorney/lay advocate name, address, phone number		
2605 N. West Bay Shore Drive				Humber		
Peshawbestown, MI 49682						
(231) 534-7637						
NOTE: This form is intended for use in criminal and Juvenile cases only. This form does not apply to ICW cases.						
1.	1. In this case, I am the Defendant parent/guardian/legal custodian of the Juvenile.					
2.	, i b b					
3.						
	service area during the dates/times outlined below.					
4.						
	a. Anticipated date and time of departure:					
	b. Anticipated date and time of return:					
	c. Reason for travel:					
	d. Names of all person's Defendant/Juvenile will be traveling with:					
	d. Names of all person's Defendant/Juvenile will be traveling with: e. Phone number(s) where Defendant or parent/guardian/custodian can be reached during travels:					
	f. Address(es) and phone number(s) where I will be staying including city, state, ZIP:					
	1. Address(es) and phone number(s) where I will be staying including city, state, ZII .					
5.						
	daily PBT's while on travel and will be required to take a PBT and drug test and pay the costs thereof at New Direction the next business day after returning during facility testing hours. I understand and agree that it is the Defendant or					
	parent/guardian/custodian of the Juvenile's responsibility to make arrangements for PBT testing at the location where the					
	Defendant or Juvenile will be traveling, and to obtain written verification of the testing results for submission to the Court.					
6.	I certify under penalty of perjury th	at the statements abo	ve a	re true to the best of	my knowledge, information, and belief.	
-						
Dated: _	: Defendant or Parent/Guardian/Custodian of Juvenile					
	Detendant of Parent/Guardian/Custodian of Juvenile					
If request is not submitted at least 48 hours in advance of travel, the request may not be reviewed/approved. Defendant / Juvenile must						
stay in the 6-county area. If Defendant / Juvenile is on Bond status, Prosecutor response is required. (Defendant / Juvenile is responsible						
<u>for obtaining response.)</u>						
	No Objection					
	Objection based on:					
	Request Hearing:					
_						
	Dated:	Pro	oseci	itor Signature:		
		<u>O</u>	RDE	<u>R</u>		
It is here	eby ordered:					
					l take daily PBT tests (between 6:00 – 9:00	
	 am) while on travel and shall submit written verification of said testing to the Tribal Court by the next business day after returning from travel. Further, Defendant / Juvenile shall submit to a drug test at New Direction the next business day following the return from travel during facility testing hours. All other bond conditions shall remain in full force and effect Request to Travel is approved. No testing required. All other bond conditions shall remain in full force and effect. 					
	Request to Travel is denied for the following reasons: Other:					
	Other:					
Dated:		Tribal Court Jo	ıdası			
		rrivar Court Ji	auge.			