



Lac du Flambeau Band of Lake Superior Chippewa Indians Post-Banishment Reentry Application

Received On: _____ Received By: _____

APPLICATIONS MUST BE COMPLETED AND SUBMITTED TO THE TRIBAL SECRETARY WITH ALL REQUESTED INFORMATION AND ATTACHMENTS. INCOMPLETE APPLICATIONS MAY BE REJECTED.

Name (Last, First, MI):		Date of Banishment:	
Maiden/other names used:			
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Physical Address:			
Mailing Address:			
Phone:	Cell:	Work:	
Email Address:			
Emergency Contact Name:		Emergency Contact Phone Number:	
Emergency Contact Physical Address:		Emergency Contact Mailing Address:	
List each address at which you resided for more than 60 days during your period of Banishment. Please attach additional sheets if needed.			
Street Address:	City:	State:	Zip:

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Street Address:	City:	State:	Zip:
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List employment history since your Banishment. Please attach additional sheets if needed.

Employer: _____	Supervisor: _____
_____	_____
Phone: _____	Occupation: _____
_____	_____

Employer: _____	Supervisor: _____
_____	_____
Phone: _____	Occupation: _____
_____	_____

Employer: _____	Supervisor: _____
_____	_____
Phone: _____	Occupation: _____
_____	_____

Employer: _____

Supervisor: _____

Phone: _____

Occupation: _____

Employer: _____

Supervisor: _____

Phone: _____

Address: _____

List all educational certificates, diplomas, and/or degrees you received during your period of Banishment. Please attach additional sheets if needed.

School Name: _____

School Address: _____

Certificate, Diploma, and/or Degree received: _____

Date Received: _____

School Name: _____

School Address: _____

Certificate, Diploma, and/or Degree received: _____

Date Received: _____

School Name: _____

School Address: _____

Certificate, Diploma, and/or Degree received: _____

Date Received: _____

Were you on probation or Extended Supervision during any portion of your Banishment term? If so, was your probation or Extended Supervision revoked? _____

Are you currently on probation or Extended Supervision? _____

If yes, discharge date: _____

Probation Officer's Name: _____

Probation Officer's Phone Number: _____

LIST ANY GANG AFFILIATIONS (PAST AND PRESENT): _____

List all criminal history, including any criminal or forfeiture convictions since date of Banishment. Please attach additional sheets if needed.

Date of Arrest: _____ County: _____ Case Number: _____

Original charges: _____

Conviction date, if applicable: _____

Disposition and sentence, if applicable: _____

Date of Arrest: _____ County: _____ Case Number: _____

Original charges: _____

Conviction date, if applicable: _____

Disposition and sentence, if applicable: _____

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Original charges: _____

Conviction date, if applicable: _____

Disposition and sentence, if applicable: _____

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Original charges: _____

Conviction date, if applicable: _____

Disposition and sentence, if applicable: _____

Date of Arrest: _____ **County:** _____ **Case Number:** _____

Original charges: _____

Conviction date, if applicable: _____

Disposition and sentence, if applicable: _____

HAVE YOU TRESPASSED UPON THE RESERVATION DURING YOUR TERM OF BANISHMENT? IF YES, PLEASE EXPLAIN: _____

List any AODA or mental health treatment, counseling, or rehabilitation received during your period of Banishment, including outpatient and inpatient therapy. Please attach additional sheets if needed.

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Therapist's Name: _____

Dates of Services Received: _____

Type of Services Received: _____

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Therapist's Name: _____

Dates of Services Received: _____

Type of Services Received: _____

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Therapist's Name: _____

Dates of Services Received: _____

Type of Services Received: _____

List all debts owed by you to the Tribe (ex: Chippewa Housing Authority, Tribal Court, Child Support, Water and Sewer, Economic Support, Tribal Roads/Garage). Please attach additional sheets if needed.

Tribal Agency: _____

Nature of Debt: _____

Amount Owed: \$ _____

Are you currently making payments? No Yes

If yes, \$ _____ per month/bi-weekly/weekly (circle)

<p>Tribal Agency: _____ _____</p> <p>Nature of Debt: _____ _____</p>	<p>Amount Owed: \$ _____</p> <p>Are you currently making payments? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, \$ _____ per month/bi-weekly/weekly (circle)</p>
<p>Tribal Agency: _____ _____</p> <p>Nature of Debt: _____ _____</p>	<p>Amount Owed: \$ _____</p> <p>Are you currently making payments? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, \$ _____ per month/bi-weekly/weekly (circle)</p>
<p>Tribal Agency: _____ _____</p> <p>Nature of Debt: _____ _____</p>	<p>Amount Owed: \$ _____</p> <p>Are you currently making payments? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, \$ _____ per month/bi-weekly/weekly (circle)</p>
<p>Tribal Agency: _____ _____</p> <p>Nature of Debt: _____ _____</p>	<p>Amount Owed: \$ _____</p> <p>Are you currently making payments? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, \$ _____ per month/bi-weekly/weekly (circle)</p>

THE FOLLOWING INFORMATION AND/OR DOCUMENTS MUST BE INCLUDED WITH YOUR APPLICATION. FAILURE TO INCLUDE REQUESTED INFORMATION OR DOCUMENTS MAY RESULT IN REJECTION OF YOUR APPLICATION AND CONTINUATION OF YOUR BANISHMENT.

- Complete copy of background investigation report, which can be obtained at the following link:
<https://recordcheck.doj.wi.gov/>

- Click the Public Access tab and under New Background Request click “Submit Request.”
- Under Background Request Type, click “General.”
- Fill out the information and click continue.
- Submit the \$7.00 payment.

Written explanation indicating why the Tribe should terminate your Banishment

- Include factors tending to warrant reentry authorization and include any connection or affiliation with the Lac du Flambeau Tribal community and relationships with any Tribal members.

Character reference letter from an immediate relative

Character reference letter from a non-relative

****Each character reference letter must include the name, address, and phone number of the author, and should indicate how long the author has known the Applicant.**