

**IN THE DISTRICT COURT OF THE CHOCTAW NATION OF OKLAHOMA**

Choctaw Nation of Oklahoma, )  
 )  
v. )  
\_\_\_\_\_, ) **CF/CM-2\_\_-\_\_ (filed only in criminal/JD case)**  
                    **Defendant** ) **JD-2\_\_-\_\_**

**APPLICATION FOR ADMISSION INTO CHOCTAW NATION  
HEALING TO WELLNESS COURT**

I \_\_\_\_\_ (Name) do hereby file this Application for Admission (“Application”) into the Choctaw Nation Healing to Wellness Court. In support of my Application, I state as follows:

1. Attached hereto as Exhibit “A” is a fully complete Eligibility Form that I have reviewed and answered. I swear and affirm that the information contained in the Eligibility Form is accurate and truthful.
2. I am a member of the \_\_\_\_\_ tribe, a federally recognized tribe.
3. I affirm that I am subject to this Court’s jurisdiction.
4. I affirm that I have not been convicted of a “Violent Offense” as defined in the Choctaw Healing to Wellness Code at Section 476 (*i.e.* assault, battery, assault and battery with burglary in the first degree, child abuse, rape, sodomy, lewd or indecent proposition or lewd acts with a child, use of a firearm or weapon to commit or attempt to commit a felony, arson, human trafficking).
5. I affirm that I have no prior felony convictions in any court for domestic violence within the last ten (10) years.
6. I agree that I will cooperate in completing all necessary paperwork to participate in the Healing to Wellness Court, including all releases for medical and employment records, waiver of liability, contractual agreements, and background checks and that I will agree to abide by all terms and conditions of the Healing to Wellness Court.
7. I have a desire to enter into the Healing to Wellness Court program in order to positively change my life and I am committed to participating in efforts to obtain and maintain my sobriety and/or mental health.
8. I further agree that I will immediately obtain a a drug and alcohol assessment performed by personnel certified by the Oklahoma Department of Mental Health and Substance Abuse Services or the Choctaw Nation Behavioral Health Department as directed by the District Court Judge.
9. I agree and understand that if I am accepted into the Healing to Wellness Court, I will be required to enter into a guilty plea that will state the penalty that will be imposed for my offense, both in the event I successfully complete Healing to Wellness Court and in the event I fail to complete the Healing to Wellness Court and I am terminated therefrom.
10. I understand that if I am denied acceptance into the Healing to Wellness Court, my case will proceed on the Choctaw Nation Choctaw Nation District criminal court/guardianship/JD docket in the traditional manner.

11. I understand that if I am accepted into the Healing to Wellness Court I will be required to waive my right to a speedy trial and/or a preliminary hearing. I also understand that it may be necessary for me to waive my right to a speedy trial prior to an investigation into my suitability for Healing to Wellness Court, based upon the length of time my case has been on file.
12. I understand that if I am accepted into the Healing to Wellness Court, I will receive and be required to follow a treatment plan that may include a requirement that I attend individual or group counseling, inpatient drug or alcohol treatment, educational and/or vocational services and cultural education. My failure to comply with the terms and conditions of my treatment plan may result in my termination from the Healing to Wellness Court program, which can have consequences as to my sentence and/or outcome of my JD case (if applicable).
13. I understand that denial of my Application for admission into the Healing to Wellness Court is not an appealable event.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

\_\_\_\_\_  
Name

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

NOTARY PUBLIC

My commission expires \_\_\_\_\_, 202\_\_\_\_\_.