



WYANDOTTE NATION DISTRICT COURT

WYANDOTTE NATION DISTRICT COURT
FILED in The Office of the Court Clerk

IN RE:

RULES AND CONDITIONS
OF PROBATION FORM

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ADM-2024-00006

AUG 14 2024
9:48 AM
Dakota
[Signature]
Court Clerk

ADMINISTRATIVE ORDER

The Court approves the following RULES AND CONDITIONS OF PROBATION form to be issued by the Court Clerk's office to be used for probationers on unsupervised or supervised probation.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED ON THIS
14th DAY OF August, 2024.

[Signature]
Robert E. Reavis, II
District Court Judge
Wyandotte Nation



IN THE DISTRICT COURT OF WYANDOTTE NATION

WYANDOTTE NATION,
Plaintiff,

vs.

Defendant,

ADDRESS: _____

PHONE: _____

DOB: _____

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) Case No: _____

RULES AND CONDITIONS OF PROBATION

<input type="checkbox"/>	Unsupervised Probation for a period of _____ month(s)/year(s).
<input type="checkbox"/>	Supervised Probation for a period of _____ month(s)/year(s).
I, the undersigned Probationer/Defendant, agree to abide by the following Rules and Conditions of Probation:	
<input type="checkbox"/> 1.	I will not use or be in possession of intoxicants or illicit drugs of any kind, or visit places where illicit drugs are unlawfully sold, dispensed, or used. I understand that I am not to enter or loiter around beer taverns, clubs, or any establishment wherein alcoholic beverages are sold and/or served, except for purposes of employment. I further understand that I may be subjected to random drug and alcohol tests.
<input type="checkbox"/> 2.	I will not go into casinos or other places where gambling or gaming is conducted, except for the purposes of employment.
<input type="checkbox"/> 3.	I will report to my probation officer on the ____ day of each month at 9:00am. If probation office is closed for a weekend or holiday, probationer is to report the next business day at 9:00am.
<input type="checkbox"/> 4.	I will not, in any way, communicate with any person on parole, ex-convicts, or inmates of any penal institution, nor will I associate with persons having a criminal record or involved in criminal activity. I understand that it is my responsibility to find out, and to know, whether a person I associate or communicate with has any criminal record and inform the probation officer of any family member who has a felony criminal record.
<input type="checkbox"/> 5.	I understand that it will be a violation of my probation to own, carry, or possess firearms or ammunition of any type or be in a vehicle or home where firearms are located.
<input type="checkbox"/> 6.	I will work regularly at a lawful corporation and support my legal dependents so long as I am physically able to do so.
<input type="checkbox"/> 7.	I will keep the Probation Office informed of my current address and contact number at all times and will notify the Probation Office prior to changing my residence. I will

	allow the Probation Officer to visit me at my home, place of employment and/or any other location at any time. I understand that I may be notified of court hearings at the residence and contact number provided and that failure to appear to court hearings may result in a bench warrant being issued for my arrest.
<input type="checkbox"/> 8.	I will refrain from violating any Tribal, city, state, or Federal law and I will report all adverse contact with Law Enforcement to the Probation Office within the next business day.
<input type="checkbox"/> 9.	I agree to be subject to searches of my persons and my effects, vehicle, residence and property by my Probation Officer at any time of the day or night, with or without a search warrant and with or without cause. Nothing in this subsection shall be construed to authorize such officer to conduct arbitrary and capricious searches for the sole purpose of harassment.
<input type="checkbox"/> 10.	I agree to be subject to searches of my person and my effects, vehicle, residence and property by any Law Enforcement Officer based on reasonable suspicion of my violating conditions of probation or reasonable suspicion of criminal activity.
<input type="checkbox"/> 11.	I do hereby waive any and all objections I have to extradition to the Wyandotte Nation Reservation from any jurisdiction in or outside the United States where I may be found and also agree that I will not contest any effort by any jurisdiction to return me to the Wyandotte Nation Reservation.
<input type="checkbox"/> 12.	I will attend and complete any/all assessment(s), counseling, treatment(s), therapy, program(s), services and training(s) to address my risks and needs as required by the Plea Agreement-Judgement and Sentence and must provide verification of attendance and completion of said requirement(s).
<input type="checkbox"/> 13.	I will authorize the Probation Office to access my treatment and medical records and will execute any required release or authorization as reasonably required by the Probation Officer in the supervision of my probation.
<input type="checkbox"/> 14.	I understand and agree that the continuance of my probation depends entirely on my conduct. I understand that should I violate the foregoing Rules and Conditions of my probation, that the Court can revoke my suspended sentence and probation and that I may be required to serve imprisonment of the sentence imposed by the Court.
<input type="checkbox"/> 15.	I understand and agree to pay my fines, costs and supervision fees in full or comply with the terms of a payment plan if entered. If the Defendant is unable to make a payment on the due date, the Defendant is required to appear in the office of the Court Clerk at 9:00am to explain the reason for non-payment. Probation may be revoked for late or non-payment of fines and costs.
<input type="checkbox"/> 16.	I hereby certify that I have carefully read, or have been read, and explained the above Rules and Conditions and fully understand what my obligations are while under supervision. I further acknowledge receipt of a copy of these Rules and Conditions which I agree to review from time to time so that I will remain fully informed of my obligations while on supervised probation.
<input type="checkbox"/> 17.	OTHER

Probation Expires on the ____ day of _____, 20 ____.	
DEFENDANT	TRIBAL COURT PROSECUTOR
ATTORNEY FOR DEFENDANT	JUDGE OF THE DISTRICT COURT
ORDERED this ____ day of _____, 20 ____.	