

**Maliseet Nation
Judicial System**

**88 Bell Road
Littleton, ME 04730**



**For more information, call:
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**HEALING TO WELLNESS COURT PROGRAM
REFERRAL FORM**

Date of referral: _____

Info about individual being referred:

Name: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Primary Telephone: _____ Ok to leave a message/text? _____

Tribal Affiliation(s):

Individual is currently incarcerated Individual is currently homeless

Individual requires/maintains psychiatric services Individual is currently hospitalized and/or in Detox Individual requires assistance with reading and/or writing

Emergency Contact & Phone Number: _____

REFERRAL INFORMATION

Person making the referral: _____

Relationship to Participant: _____

Primary Diagnosis: _____

Health Provider: _____

Description of Criminal and/or Civil Current Legal Infractions (if any):

Substance Abuse History:

Current Substance Use:

Additional Comments:

PLEASE NOTE: Once the referral is received, the Court Case Manager will meet with the recommended participant and complete an intake evaluation. Upon evaluation completion, the Wellness Coordinator will present the information to the Healing to Wellness Team for approval. The Healing to Wellness Court is voluntary and the individual must be willing to participate and engage in the program as directed.