



Pokagon Band of Potawatomi Indians
Native Justice Community Conflict and
Dispute Resolution Forum

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PEACE CIRCLE REFERRAL FORM

Peacemaking is a voluntary. A party that you would like to participate in peacemaking must voluntarily agree.

Referred Individual's Name: _____

Address: _____

City, State and Zip Code: _____

Telephone No. _____

1. Description of referring entity:
- Pokagon Band Department or Tribal Program: _____
 - Pokagon Band Police Department: _____
 - Pokagon Band Prosecutor: _____
 - Pokagon Band of Potawatomi Indians Tribal Court Case No. _____
 - Other: _____

2. Please summarize why you are referring this dispute to the Native Justice Forum for a Peace Circle.

3. Are any of the parties an employee of the Band? Yes No
If yes, does the conflict/dispute arise as a result of Tribal employment? Yes No
4. Does the dispute involve an employment issue? Yes No

5. Other individuals involved in this matter:

Participant Name: _____

Address: _____

Telephone Number: _____

Has this participant agreed to try a Peace Circle? Yes No. Explain: _____

Participant Name: _____

Address: _____

Telephone Number: _____

Has this participant agreed to try a Peace Circle? Yes No. Explain: _____

NOTE: If there are other participants involved, please include this information on an additional sheet and attach to this referral form.

6. Would the participants like others to participate in the Peace Circle? I do not know. If yes, please explain and list names: _____

7. Would the participants benefit by having a Pokagon Band Department or Program participate in the Peace Circle?
 I do not know. If yes, please explain and list Department/Program(s):

8. Is there any other information you would like to provide or that we should know? _____

9. Do the individuals you are referring know that you are referring this? Yes No. If no, do you wish to remain anonymous or would you like to be involved in this circle?

Referring Individual's Signature: _____

Date: _____

To be filled out by Native Justice staff:

Reference Number: _____

Date: _____