

SISSETON-WAHPETON SIOUX TRIBE  
LAKE TRAVERSE RESERVATION  
STATE OF SOUTH DAKOTA

INFORMATION FOR  
(EMERGENCY)  
ALCOHOL COMMITMENT

1. Full name of Petitioner, date of birth, relationship to Respondent, address and enrollment:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(DATE OF BIRTH)

\_\_\_\_\_  
(ENROLLMENT)

\_\_\_\_\_  
(RELATIONSHIP)

2. Full name of Respondent, date of birth, place of residency, enrollment, marital status and occupation.

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(PLACE OF RESIDENCY)

\_\_\_\_\_  
(DATE OF BIRTH)

\_\_\_\_\_  
(ENROLLMENT)

\_\_\_\_\_  
(MARITAL STATUS)

\_\_\_\_\_  
(OCCUPATION)

3. State name, address and relationship of the immediate relatives or guardian of the Respondent.

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(ADDRESS)

