

PEACEMAKING PROGRAM OF THE NAVAJO NATION
JUDICIAL DISTRICT OF _____
CONSENT FORM & SIGN-IN SHEET
GROUP LIFE VALUE ENGAGEMENT
THEME: _____

NAME OF PEACEMAKER / TPS: _____

DATE: _____ TIME: _____ LOCATION: _____

I understand that services through the Peacemaking Program of the Navajo Nation are traditional and based not on the Law Way, but on Diné bi beenahaz'áanii, including custom and *k'é*.

Peacemaking sessions or life value engagements will focus on feelings and sharing teachings. I understand that such engagements may be dynamic dialogues and may sometimes be emotional, in which participants may take time to settle down. It may take a long or short time, but *hózhó* is striven for and is the goal. The peacemaker or Traditional Specialist will act as a guide and teacher who may scold and educate through stories but it is up to me to achieve *hózhó*.

Services are confidential. However, Navajo Nation law requires anyone to report abuse or neglect of children, elders or disabled persons.

1. Name: _____ Date of Birth: _____ Census No. _____

Mailing Address: _____

Referred by court probation prosecutor social services walk-in Signature: _____

2. Name: _____ Date of Birth: _____ Census No. _____

Mailing Address: _____

Referred by court probation prosecutor social services walk-in Signature: _____

3. Name: _____ Date of Birth: _____ Census No. _____

Mailing Address: _____

Referred by court probation prosecutor social services walk-in Signature: _____

4. Name: _____ Date of Birth: _____ Census No. _____
Mailing Address: _____
Referred by court probation prosecutor social services walk-in Signature: _____
5. Name: _____ Date of Birth: _____ Census No. _____
Mailing Address: _____
Referred by court probation prosecutor social services walk-in Signature: _____
6. Name: _____ Date of Birth: _____ Census No. _____
Mailing Address: _____
Referred by court probation prosecutor social services walk-in Signature: _____
7. Name: _____ Date of Birth: _____ Census No. _____
Mailing Address: _____
Referred by court probation prosecutor social services walk-in Signature: _____
8. Name: _____ Date of Birth: _____ Census No. _____
Mailing Address: _____
Referred by court probation prosecutor social services walk-in Signature: _____
9. Name: _____ Date of Birth: _____ Census No. _____
Mailing Address: _____
Referred by court probation prosecutor social services walk-in Signature: _____
10. Name: _____ Date of Birth: _____ Census No. _____
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