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Please fax referral to 974-4001 Phone: 974-1963  
Email: [sheila.brantnall@calgary.ca](mailto:sheila.brantnall@calgary.ca)

### COURT REFERRAL FORM

Young Person \_\_\_\_\_ Birth Date(Y/M/D) \_\_\_\_\_  
Address \_\_\_\_\_ PC \_\_\_\_\_ Last School Grade \_\_\_\_\_  
Phone \_\_\_\_\_ Co-Accused (last name) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_  
Address: \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Charge #1 \_\_\_\_\_ Charge #2 \_\_\_\_\_ Charge #3 \_\_\_\_\_  
Docket # \_\_\_\_\_ Docket # \_\_\_\_\_ Docket # \_\_\_\_\_  
Date of Incident \_\_\_\_\_ Date of Incident \_\_\_\_\_ Date of Incident \_\_\_\_\_

Date of Court Referral \_\_\_\_\_  
Return Court Date & Location \_\_\_\_\_

Victim(s)	(1) _____	(2) _____
Address & PC	_____	_____
Telephone	_____	_____
	(3) _____	(4) _____
	_____	_____
	_____	_____

Agency/Professionals involved (Probation, Child Welfare, Counselor)

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Crown Prosecutor \_\_\_\_\_ Telephone \_\_\_\_\_  
Defense Council \_\_\_\_\_ Telephone \_\_\_\_\_  
Presiding Judge \_\_\_\_\_  
Court Disposition \_\_\_\_\_  
\_\_\_\_\_