



Fax form to Cyndie Shouldice @ 974-4001

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### COURT REFERRAL FORM

Young Person \_\_\_\_\_ Birth Date(Y/M/D) \_\_\_\_\_

Address \_\_\_\_\_ PC \_\_\_\_\_ Last School \_\_\_\_\_

Grade \_\_\_\_\_

Phone \_\_\_\_\_ Co-Accused \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/

Guardian \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Charge #1 \_\_\_\_\_ Charge \_\_\_\_\_

#2 \_\_\_\_\_

Docket # \_\_\_\_\_ Docket \_\_\_\_\_

# \_\_\_\_\_

Date of Incident \_\_\_\_\_ Date of \_\_\_\_\_

Incident \_\_\_\_\_

Charge #3 \_\_\_\_\_ Charge \_\_\_\_\_

#4 \_\_\_\_\_

Docket # \_\_\_\_\_ Docket \_\_\_\_\_

# \_\_\_\_\_

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, Counsellor)**

\_\_\_\_\_

\_\_\_\_\_

**Crown Prosecutor** \_\_\_\_\_ **Telephone**

\_\_\_\_\_ **Defence Counsel** \_\_\_\_\_ **Telephone**

\_\_\_\_\_ **Presiding Judge** \_\_\_\_\_