|  |  |
| --- | --- |
| NALSC Colour Logo JPG | **NISHNAWBE - ASKI LEGAL SERVICES CORPORATION****Referral to Victim Witness Liaison Services****CONFIDENTIAL** |

**1. REFERRED BY**

|  |  |  |
| --- | --- | --- |
|   | Date of Referral: |       |
| Name: |       | Position: |       |
| Organization: |       |
| Address: |       | Province: |       | Postal Code: |       |
| Telephone Number: |       | Fax Number: |       |
| Email: |       |  |  |  |

**2. VICTIM INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | D.O.B: |       |
| Address: |       | Province: |       | Postal Code: |       |
| Telephone Number: |       | Relationship to accused: |       |
| Language(s) Spoken: |       | Interpreter Required: | [ ]  Yes / [ ]  No |
| Parent / Guardian’s Name (If victim is under 18 years): |       |
| Address of Guardian: |       | Province: |       | Postal Code: |       |
| Telephone of Guardian (If different than Victim’s): |       | Alternative: |       |

**3. INCIDENT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Court File Number (if applicable): |       | Date of Incident: | d |      | m |      | y |      |  |
| Investigating Officer: |       | Badge Number: |       | Incident Number: |       |
| Force / Detachment: |       | Telephone Number: |       |

Summary of Incident:

|  |
| --- |
|       |

**4. SERVICES REQUIRED**

|  |  |  |
| --- | --- | --- |
| [ ]  Information | [ ]  Court Support / Accompaniment  | [ ]  Court Preparation / Orientation |
| [ ]  Case Specific Information | [ ]  CICB Application | [ ]  Needs Assessment |
| [ ]  Referral  | [ ]  Victim Impact Statement | [ ]  Other: |       |

**5. ACCUSED INFORMATION**

**Note: *Please attach Undertaking with this referral if available***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Accused One): |       | D.O.B.: | d |      | m |      | y |      |
| Charges: |       |
|       |
| Lawyer for the Accused: |       | Lawyer’s Telephone Number: |       |
|  |
| Is the accused a Young Offender? [ ]  YES / [ ]  NO | Is the accused in custody? [ ]  YES / [ ]  NO |
|  |
| Was the accused released on an Undertaking? [ ]  YES / [ ]  NO | ***(Check off conditions below:)*** |
| [ ]  | Non-Communication with victim or: other person(s)?: |       |
| [ ]  | Do not attend: |       |
| [ ]  | Abstain from Alcohol and Illicit Drugs | [ ]  |  No weapons |  | [ ]  | Curfew |
| [ ]  | Report |       |
| [ ]  | Resides with  |       |
| [ ]  | Other  |       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Accused Two): |       | D.O.B.: | d |      | m |      | y |      |
| Charges: |       |
|  |       |
| Lawyer for the Accused: |       | Lawyer’s Telephone Number: |       |
|  |
| Is the accused a Young Offender? [ ]  YES / [ ]  NO | Is the accused in custody? [ ]  YES / [ ]  NO |
|  |
| Was the accused released on an Undertaking? [ ]  YES / [ ]  NO | ***(Check off conditions below:)*** |
| [ ]  | Non-Communication with victim or: other person(s)?: |       |
| [ ]  | Do not attend: |       |
| [ ]  | Abstain from Alcohol and Illicit Drugs | [ ]  |  No weapons |  | [ ]  | Curfew |
| [ ]  | Report |       |
| [ ]  | Resides with  |       |
| [ ]  | Other  |       |

**6. COURT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Court Date:  | d    / m    / y     | Location: |       |
| 2nd Court Date:  | d    / m    / y     | Location: |       |

**7. COMMENTS**

|  |
| --- |
|       |

**8. SIGNATURE OF REFERENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |       | Signature of Referent: |       |