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| 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:

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**4. SERVICES REQUIRED**

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| --- | --- | --- | --- |
| 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 | |  | | | | | | | | | | | | | | | | | |

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| 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**

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**8. SIGNATURE OF REFERENT**

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