



Lanark County
Community Justice Program

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PRE-CHARGE REFERRAL

Date referred: _____ By: _____

Reporting Police Service: _____ Investigating Officer: _____

Potential Charge(s): _____

Incident # (s): _____

Accused information:

Please attach a separate referral sheet for each if more than one accused.

Name: _____ DOB: _____

Telephone number: _____

Full Address: _____

Legal guardian: (if Youth) _____

Complainant information:

Please attach a separate form if more than one complainant

Name: _____ DOB: _____

Telephone number: _____

Full Address: _____

Legal guardian: (if Youth) _____

Witness information:

Please attach separate form if more than one witness

Name: _____ DOB: _____

Telephone number: _____

Full Address: _____

Legal guardian: (if Youth) _____

The Accused has been informed of the possibility of participating in a Community Justice Forum, and has given permission for the above information to be given to the Lanark County Community Justice Program (LCCJP). LCCJP retains the right to decide whether or not a referral will be accepted, and the discretion to refuse a referral for any reason.