



LANARK COUNTY COMMUNITY JUSTICE

TEL: 1-613-264-1558 / 1-888-264-1558 / FAX: 1-613-264-1516

EMAIL: diversion@commjustice.org WEBSITE: www.commjustice.org

POLICE ONLY: TO DO

- 1) Get victim contact information
- 2) Tell victim you are diverting the case
- 3) Email or fax **this** referral **WITH the general report AND victim and accused contact information** using info above.

PRE-CHARGE REFERRAL

The successful completion of this diversion program will result in this incident **NOT** becoming a matter of criminal court.

Police Service: Select one: OPP Smiths Falls Police

Occurrence #: _____ **Date of incident:** _____

Officer: _____ **Badge :** _____

Potential Charge(s): _____

Accused information: Select one: Adult Youth

Name: _____ **D.O.B:** _____

Phone: _____ **Cell:** _____

Mailing Address: _____

Legal guardian contact info: (if Youth) Name: _____

Phone: _____ Cell: _____

POLICE READ: I voluntarily agree to the diversion of my potential charges to Lanark County Community Justice. I have been advised of my right to counsel, and have been given the opportunity to consult with counsel. I consent to information about the offense(s) being shared between the police and Lanark County Community Justice, and consent to the complainant (victim) in the offence(s) being advised that I am participating in this program. I understand that I will be asked to participate in a community justice forum to discuss what happened, who was harmed, and how I can repair the harm.

POLICE INITIAL FOR THE ACCUSED:

I understand that failure to contact Lanark County Community Justice, or complete the program, may result in my being charged with the above offence.

I promise to contact Lanark County Community Justice within 10 business days by telephone.

For youth: have parent or guardian call us for consent