

## Crown Referral Form

Comments, issues, or concerns to be addressed:

Date referred: \_\_\_\_\_

Remand date: \_\_\_\_\_

Referring Crown: \_\_\_\_\_

Charge: \_\_\_\_\_

### **Accused Info:**

*Please attach separate form if more than two accused.*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Legal guardian (if Youth): \_\_\_\_\_

### **Accused Info:**

*Please attach separate form if more than two accused.*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Legal guardian (if Youth): \_\_\_\_\_

### **Complainant Info:**

*Please attach separate form if more than one complainant.*

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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 (LCCJ). LCCJ retains the right to decide whether a referral will be accepted, and the discretion to refuse a referral for any reason.