

## Pre-Charge Referral Form

Date referred: \_\_\_\_\_ By: \_\_\_\_\_  
Reporting Police Service: \_\_\_\_\_ Investigating Officer: \_\_\_\_\_  
Potential Charge(s) \_\_\_\_\_  
Incident Number(s): \_\_\_\_\_

### Accused Info:

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Legal guardian (if Youth): \_\_\_\_\_

### Accused Info:

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Legal guardian (if Youth): \_\_\_\_\_

### Complainant Info:

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
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 (LCCJ). LCCJ retains the right to decide whether a referral will be accepted, and the discretion to refuse a referral for any reason.