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Pre-Charge Referral Form

Date referred:	By:	
Reporting Police Service:	Investigating Officer:	
Potential Charge(s)		
IncidentNumber(s):		
• •		
Accused Info:		
Please attach separate form if more than two	accused.	
Name:	DOB:	
Full Address:		
Legal guardian (if Youth):		
Accused Info:		
Please attach separate form if more than two		
	DOB:	
Telephone:		
Full Address:		
Legal guardian (if Youth):		· · · · · · · · · · · · · · · · · · ·
Complainant Info:		
Please attach separate form if more than one	complainant.	
Name:	DOB:	
Legal guardian (if Youth):		
Witness information:		
Please attach separate form if more than one	witness	
Name:		
Telephone number:		
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.

Updated: September 2020