CANADIAN MENTAL HEALTH ASSOCIATION HKPR

KAWARTHA LAKES AND HALIBURTON COMMUNITY COURT

REFERRAL FORM

PART ONE – **To be completed by Accused/Counsel/ Crown/ other justice system personnel**

☐ **Court Support(TRACK 1)** ☐ **Diversion** ☐ **On-site court support**

Name of Accused:	**Counsel Name:**	**Date Of Birth:**	**Criminal Record:** ☐ **YES** ☐ **NO**
Currently on Probation: ☐ **YES** ☐ **NO**	**In Custody:** ☐ **YES** ☐ **NO**	**Next Court Appearance Date: 20/09/2018**	**Co-Accused:**
		Court #:	
Please list the Charges, Dates of Offences presently before the court:			
Briefly describe Addiction and/or Mental Health issues: (This is only for information purposes and will not be used against the accused)			

I hereby apply to be considered for the Community Court Program. Eligibility will be determined by the Crown in accordance with the eligibility criteria.

Signature of the Accused **Date**

PART TWO **TO BE COMPLETED BY CROWN COUNSEL ONLY**

Does the Accused satisfy the Eligibility Criteria? ☐ **YES** ☐ **NO**	**Reason for exclusion:** ☐ **Seriousness of Offence** ☐ **Violence** ☐ **Criminal Record** ☐ **Circumstances of Offence** ☐ **Other:**
Approved for initial Assessment: ☐ **YES** ☐ **NO** ☐ **Court Support (Track 1)** ☐ **Diversion**	**Any Crown conditions Attached? (i.e. Bail changes, treatment recommendations, CSO hours/restitution)**

Crown Signature **Date**