

Request for Services for Mi'kmaq and Aboriginal People

The Provincial Court of Nova Scotia
On the _____ day of _____, 20____.



Hereby request a:

- Sentencing Circle
- Mental Health Court Support Circle
- Gladue Report

For the following charges: _____

For the following individual: _____

Date of birth: _____

Client Address: _____

Phone: (902) _____ Alternate Phone: (902) _____

Attending Defence: _____

Phone: (902) _____ Fax: (902) _____

Attending Crown: _____

Phone: (902) _____ Fax: (902) _____

Judge: _____ Court Administrator: _____

Phone: (902) _____ Fax: (902) _____

Court Location: _____

Required documentation to be included with this referral:

| | Attached | | |
|--|------------------------------|--|-----------------------------|
| Full disclosure: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, date expected: _____ |
| Full Criminal history report: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, date expected: _____ |
| Pre-Sentence Report: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, date expected: _____ |
| Other Assessments as Ordered by the Court: | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | If No, date expected: _____ |

Please fax to the attention of Program Administrator at: (902) 379-2047