

Referral Form

Counsel of Record for the client set out below must complete this form and initial where requested in advance of any matter being referred to the Dartmouth Wellness Court. This Referral Form must be completed and filed with the Court Clerk in the originating Court **prior** to a matter being docketed in the Dartmouth Wellness Court.

Client's Full Name: _____

Date of Birth: _____ JEIN Number: _____

Client in Custody? Yes No Client lives in HRM? Yes No

If in custody, does your client intend to live in HRM when released? Yes No

What charges are being referred (include offence dates)? _____

Please initial to confirm that you, as Counsel, have reviewed all disclosure with your client. _____

Please initial to confirm that you, as Counsel, have advised your client of the admission requirements for Dartmouth Wellness Court, including the requirement to acknowledge responsibility for the referred offences. _____

Docket Date Requested (**must be at least two weeks after today's date*): _____

Referral from: Dartmouth No. ____ Halifax No. ____ Other: _____

Referring Counsel (print and signature): _____

Dated: _____ Delay Waived on Record: Yes No

Court Clerk Accepting Referral (print and signature): _____

Attention

Court Clerk: On the date of this referral, please provide a copy of this completed Referral Form to Lillian Fraser (Supervisor) at lillian.fraser@courts.ns.ca