

## Sentencing Circle and/or Gladue Report Request Form For Mi'kmaq and Indigenous People

Proving	Date of Request: cial Court of NS 🛛 Suprem	ne Court of NS	□ You	th Justice Court			
	Hereby request a: 🗌 Sent						
·				eport			
For the following	charges:						
Next Court Date:	Re	nce:					
Accused Information							
Name of Accused							
Date of Birth							
Phone Number(s)							
Accused Address							
Attending Defence		Attending Crown					
Name		Name					
Phone Number		Phone Number					
Fax Number		Fax Number					
E-mail		E-mail					
Judge/Justice		Court Administrator					
Name		Name					
Phone Number		Court Location					
Fax Number		Other pertinent i	nfo.				

Required documentation to be included with this referral:

Full disclosure:	Yes No	If No, date expected:	
Full Criminal history report:	Yes No	If No, date expected:	
Pre-Sentence Report:	Yes No	If No, date expected:	
Other Assessments as	Yes No	If No, date expected:	
Ordered by the Court:			

Once completed, forward to the following:

Admin@mlsn.ca