

DARTMOUTH WELLNESS COURT

Mental Health Court Program; Opioid Court Program;
Alcohol Court Program; and Judicial Monitoring Program

Public Form

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
- Dartmouth Wellness 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