



REPORT TO CROWN COUNSEL

NO. OF ACCUSED ADULT(S) YOUNG PERSON(S)	POLICE AGENCY	POLICE CODE	POLICE CASE NO.	COURT FILE NO. LOCATION
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OFFENCE INFORMATION

NAMES OF ALL ACCUSED _____ OFFENCE DATE AND TIME: _____

LOCATION OF OFFENCE: _____

PROPOSED CHARGES: _____ INVESTIGATOR(S): _____

DATE OF REPORT _____ OFFICER WHO APPROVED REPORT _____

DATE SUBMITTED TO CROWN _____

EVIDENCE CHECKLIST ATTACHED YES NO

HAVE ALL ACCUSED BEEN FINGERPRINTED? YES NO

CROWN COUNSEL DECISION

APPROVED/TO COURT RETURNED PRETRIAL ENQUIRY REQUESTED:

NO ACTION/CHARGE DIVERSION/ALTERNATIVE MEASURE DATE REQUESTED _____

CAUTION LETTER CORRECTION LOCATION _____

CHARGES APPROVED/COMMENTS:

LENGTH OF CROWN'S CASE _____

NUMBER OF CROWN WITNESSES _____

VICTIM IMPACT INFORMATION	<input type="checkbox"/> BY INDICTMENT <input type="checkbox"/> SUMMARILY	CROWN COUNSEL LOCATION _____
<input type="checkbox"/> REQUEST TO VICTIM	<input type="checkbox"/> CROWN REQUIRED FOR FIX DATE	<input type="checkbox"/> VOIR DIRE
<input type="checkbox"/> REQUEST TO OTHER _____	<input type="checkbox"/> SPECIAL ASSIGNMENT	FILE NO. _____
<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> ENTERED ON C.C.I. SIGNATURE _____ DATE _____	

ACCUSED INFORMATION

ACCUSED FAMILY/BUSINESS NAME	GIVEN 1	GIVEN 2	Y.O. NO.	ALIASES				
ACCUSED ADDRESS	POSTAL CODE	PHONE	BUSINESS ADDRESS					
DATE OF BIRTH Y M D	AGE	HEIGHT	MASS	HAIR	EYES	RACE/DESC	OCCUPATION	DURATION IN AREA
SEX	CITIZENSHIP	MARITAL STATUS	DIST. FEATURES/CLOTHING		F.P.S. NO.	INTERPRETER REQUIRED (LANGUAGE)		
DRIVER'S LICENCE NO.	PLACE OF ISSUE	VEHICLE DESCRIPTION	CRIMINAL RECORD YES <input type="checkbox"/> ATTACHED <input type="checkbox"/> REQUESTED <input type="checkbox"/> NIL <input type="checkbox"/>			PSYCHIATRIC EXAM REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		
YOUNG PERSON'S PARENT/GUARDIAN		NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>		BAIL COMMENTS				
ADDRESS								
CITY	HOME PHONE	BUS. PHONE						
ARRESTED <input type="checkbox"/>	WARRANT <input type="checkbox"/>	SUMMONS REQUESTED <input type="checkbox"/>	I.C. ACT REQUEST <input type="checkbox"/>	SUMMONS ISSUED <input type="checkbox"/>	APP. NOTICE <input type="checkbox"/>	P.T.A <input type="checkbox"/>	RECOGN. OFFICER <input type="checkbox"/>	APPEARANCE DATE