



Vancouver Aboriginal Transformative Justice Services Society

Unit 300- 2425 Quebec Street, Vancouver, BC V5T 4L6

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Gladue Aftercare Referral Form

Date: _____

Adult

Youth

*****Important Note:** At this time, we are unable to accept individuals with a history of any sex offences, spousal assaults, and offences involving death.

Referring agency:

<input type="checkbox"/> Gladue Writer	<input type="checkbox"/> Defense Counsel	<input type="checkbox"/> Crown	<input type="checkbox"/> Probation/Parole
<input type="checkbox"/> Community	<input type="checkbox"/> Bail Supervisor	<input type="checkbox"/> Court	<input type="checkbox"/> Other _____

Name and contact of referring agency:

Organization Name:	Contact person:
Phone:	Email:
Address:	

Client info:

Name:	aka:
DOB:	Phone:
Address:	Email/other:
	Court Location:
Charge:	Court File #:
In Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	Court date:

Addictions: Yes No _____

Mental health: Yes No _____

Do you have any of the following document/Information?

<input type="checkbox"/> Gladue Report or PSR with Gladue Component or Gladue Verbal Submissions
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Are you able to provide the Gladue Aftercare worker with any of the above documents? Yes No

Comments:
