

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