



GLADUE REPORT REQUEST FORM

For Indigenous Women by Indigenous Women

Date: _____

Name of Client: _____

Is Client First Nation, Métis or Inuit: _____

If known, name of Client's Indigenous community: _____

Client Contact Information: _____

Client's Address & Name of City: _____

Is the request for a Bail Hearing: Yes _____ No _____ Date of Bail Hearing: _____

If "No" – Guilty Plea or a Finding of Guilt: _____

Is the Client in Custody: Yes ___ or No ___

If "Yes" – Name of the Custodial Facility: _____

Name of Courthouse: _____

Name of Sentencing Judge: _____ Signature of Judge _____

Defense Counsel's Name: _____ Defense Counsel's Position _____

Defense Counsel's Position: _____

Telephone: _____ Fax: _____ Email: _____

Crown Attorney's Name: _____ Crown's Position _____

Crown's Email: _____

Crown will provide via separate cover:

- The Synopsis of facts
- CPIC of defendant's record

Sentencing Date: _____

A copy of the Information indicating the counts pleaded to, or of which the defendant has been found guilty will also be attached to this Form. The Gladue Report Request Form must be emailed or faxed to the attention of Jillian Collins, Gladue Program Manager. Email: jcollins@onwa.ca; Fax: 416-815-1991

