PARS/PIP REFERRAL (Crown, Probation & Parole)

Revised: January 2023

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| Referral Date: Click or tap here to enter text. | | PAR  PIP | |
| Probation Officer : Click or tap here to enter text. | | Phone #: Click or tap here to enter text. | |
| Probation start date: Click or tap to enter a date. | | Probation end date: Click or tap to enter a date. | |
| Type of Referral:  (In EMH: Presenting Issues) | Early Intervention (EI)  Available pre-sentence as a condition of a revised recognizance of bail, or post-sentence as a condition of a probation or conditional sentence order, to offenders who have no previous convictions for violence-related offences; have pled guilty to a criminal charge involving domestic violence; did not cause significant injuries or harm in committing the offence; and did not use a weapon in committing the offence.  Coordinated Prosecution  Available to offenders who are ineligible for, or who decline to participate in EI. If the offender is convicted following a prosecution, Crown attorneys may seek PAR as a condition of a probation or conditional sentence order, in addition to any other sentence that may be appropriate in the circumstances.  Peace Bond  An individual who has agreed to attend a PAR program as a condition of a Section 810 Peace Bond and has acknowledged through a signed Acknowledgment Form (see Forms, Section 7), that his or her actions caused a current or former partner to fear or feel unsafe.  Probation and Parole  An individual who has been convicted of a **non-domestic violence offence** and has been identified (by a supervising Probation and Parole Officer) as being abusive or controlling to a partner. | | Priority Level of Support:  Low  Medium  Hight |
| Clients Motivation to Attend: Motivated | | Advised client of 12-week PAR program, costs $560 (subsidies and payment arrangements available through PAR Coordinator) | |

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| Required Documents: | **These documents must be included with referral.**  Crown Brief Synopsis  DVRM  Supervision Order  RIF  Release of Information  **If DVRM or ODERA is unavailable, please explain:** Click or tap here to enter text. |
| Court Order: | Bail Order  Conditional Sentence order  Probation Order  s.810 Peace Bond |
| If available: | Victim Impact Statement |

**Client**

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| --- | --- | --- | --- | --- | --- |
| First Name Click or tap here to enter text. | | Last Name Click or tap here to enter text. | | D.O.B Click or tap here to enter text. | |
| Preferred Name Click or tap here to enter text. | | | Gender Identity: Click or tap here to enter text. | | |
| Street Address: Click or tap here to enter text. | | | City: Click or tap here to enter text. | | |
| Province: Ontario | | | Postal Code: Click or tap here to enter text. | | |
| LHIN District: Northeast | | | Location/ County: Choose an item. | | |
| Preferred Language: Choose an item. | | | Mother Tongue/ First language: Choose an item. | | |
| Home Number: Click or tap here to enter text. | | | Ok to Contact | | Ok to leave msg |
| Work Number: Click or tap here to enter text. | | | Ok to Contact | | Ok to leave msg |
| Cell Number: Click or tap here to enter text. | | | Ok to Contact | | Ok to leave msg |
| Email Click or tap here to enter text. | | | Permission to e-mail: YES No | | |
| Are there children in the home?  Yes  No | | | If yes, # of children: Click or tap here to enter text. | | |
| Indigenous Status: Choose an item. | | | Ethnicity/ cultural identity: Choose an item. | | |
| **Employment Status:** | F/T  P/T  Unemployed | | | | |
| **Income Source (Employed, pension, ODSP, OW, etc…):** | | | Click or tap here to enter text. | | |

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**Victim** Contact information unknown

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| --- | --- | --- | --- | --- |
| First Name Click or tap here to enter text. | Last Name Click or tap here to enter text. | | D.O.B Click or tap here to enter text. | |
| Preferred Name Click or tap here to enter text. | | Gender Identity: Click or tap here to enter text. | | |
| Street Address: Click or tap here to enter text. | | City: Click or tap here to enter text. | | |
| Province: Ontario | | Postal Code: Click or tap here to enter text. | | |
| Home Number: Click or tap here to enter text. | | Ok to Contact | | Ok to leave msg |
| Work Number: Click or tap here to enter text. | | Ok to Contact | | Ok to leave msg |

**Current Partner** (if different from victim)Yes  No

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| --- | --- | --- | --- | --- |
| First Name Click or tap here to enter text. | Last Name Click or tap here to enter text. | | D.O.B Click or tap here to enter text. | |
| Preferred Name Click or tap here to enter text. | | Gender Identity: Click or tap here to enter text. | | |
| Street Address: Click or tap here to enter text. | | City: Click or tap here to enter text. | | |
| Province: Ontario | | Postal Code: Click or tap here to enter text. | | |
| Home Number: Click or tap here to enter text. | | Ok to Contact | | Ok to leave msg |
| Work Number: Click or tap here to enter text. | | Ok to Contact | | Ok to leave msg |

**Information:**

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| --- | --- |
| Any known criminal history including criminal record?  Yes  No  History: Click or tap here to enter text. | Any known outstanding charges?  Yes  No  Details: Click or tap here to enter text. |
| Any known family court orders?  Yes  No  Details: Click or tap here to enter text. | Is the client currently involved with Children’s Aid Society?  Yes  No  Worker: Click or tap here to enter text. |
| Any current mental health concerns?  Yes  No  History: Click or tap here to enter text. | Any current substance use concerns?  Yes  No  Details: Click or tap here to enter text. |
| Any safety concerns?  Yes  No  Explain: Click or tap here to enter text. | Any known barriers to participation? (ie. Language, disability, etc…?)  Yes  No  Please describe barriers: Click or tap here to enter text. |

**Total # of pages (including additional documents):** Click or tap here to enter text.