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 BondAn 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 ParoleAn 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 [ ]  NoHistory: Click or tap here to enter text. | Any known outstanding charges?[ ]  Yes [ ]  NoDetails: Click or tap here to enter text. |
| Any known family court orders?[ ]  Yes [ ]  NoDetails: Click or tap here to enter text. | Is the client currently involved with Children’s Aid Society?[ ]  Yes [ ]  NoWorker: Click or tap here to enter text. |
| Any current mental health concerns?[ ]  Yes [ ]  NoHistory: Click or tap here to enter text. | Any current substance use concerns?[ ]  Yes [ ]  NoDetails: Click or tap here to enter text. |
| Any safety concerns?[ ]  Yes [ ]  NoExplain: Click or tap here to enter text. | Any known barriers to participation? (ie. Language, disability, etc…?)[ ]  Yes [ ]  NoPlease describe barriers: Click or tap here to enter text. |

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