

Post Charge Adult Alternative Measures Referral

I am accepting responsibility for the offence(s) of: _____
 I have not been found guilty of a Criminal Code Offence in the past **TWO YEARS**. I understand that if I do not complete the program within the scheduled time, an extension will be granted only in exceptional circumstances.

Signed : _____

You will be contacted by Probation within 4 weeks. If you have not been contacted by the end of the 4th week, please telephone Probation at 403-297-2400. ** Do not call prior to the four week mark.

Last Name:	First Name:	Middle Name:
Date of Birth: _____ / _____ / _____ <small>Year Month Day</small>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone: _____
Address: _____ <small>Apt./House # / Street Name</small>		Cell Phone: _____
City: _____	Province: _____	Email: _____
Defence Counsel: _____	Email: _____	Postal Code: _____
** Language Barrier <input type="checkbox"/> No <input type="checkbox"/> Yes		Phone: _____
Spoken Language: _____		Fax: _____

~ This section is for Crown use only ~

List all Charges Referred to AMP			
Referral Date:			Police Case #
Docket #	Charge	Section	Return Court Date
<input type="checkbox"/> Re-referral - Court Date:		<input type="checkbox"/> Extension - Court Date:	
Crown Comments: _____ _____ _____ _____ _____			
Approved by Crown Prosecutor:		Signature:	

~ Probation ~	
The above named person:	<input type="checkbox"/> Cannot be located <input type="checkbox"/> Failed to Report <input type="checkbox"/> Is not approved to enter into the Alternative Measures Program <input type="checkbox"/> Refused to accept responsibility for the offence(s) <input type="checkbox"/> Other / Probation Officer Comments: _____ _____ _____
<input type="checkbox"/> Probation has exhausted all efforts to administer this file. Re-referral will not be accepted.	
Probation Officer:	Date: