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Tel: (613) 284-8304
Fax: (613) 284-8300



779 Chelsea Street
Suite BL2
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K6V 6J8
Tel: (613) 342-4238
Fax: (613) 342-4211

Youth Mental Health Court Worker Program Referral Form

County: Lanark Leeds-Grenville

Client Information

Surname: _____ First Name: _____ Middle Int: _____
DOB: ____ / ____ / ____ Age: _____ Gender: M F Other Prefer not to disclose
Month Day Year
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell: _____ Other: _____
Family Contact: _____ Relationship: _____
Home Phone: _____ Cell: _____ Other: _____
Lawyer: _____ Contact Information: _____

Referral Source

Referral Contact Name: _____ Contact Information: _____
Signature: _____
Reason for Referral: Mental Health Diversion Court Support Consultation Other
for the following charge(s):
1. _____
2. _____
3. _____
Youth Acknowledgment of Referral: Next Court Appearance: _____

Crown Attorney

**** Mental Health Diversions must be approved by the Crown Attorney ****

Crown Signature: _____ Please attach Crown Brief:

Additional Comments