

Section 34 YCJA Assessment – Referral Form

To: **Kawartha Family Court Assessment Service** via fax 705-748-4149 (with Order)

Adjournment Date for Court (dd/mm/yr): _____ Return Date of Report: _____

Youth Name:	<input type="checkbox"/> Identifies as Indigenous Youth	
Date of Birth (dd/mm/yr):	Is CAS/DBCFS involved?	
Parent/Guardian Name: _____ Address: Tel:	<input type="checkbox"/> No <input type="checkbox"/> Yes – Which service or city: <input type="checkbox"/> Kawartha Haliburton CAS <input type="checkbox"/> Dnaagdawenmag Binnoojiiyag CFS <input type="checkbox"/> Other: <input type="checkbox"/> CAS Worker:	
Youth's Address/Facility (if different than above):	Is youth involved in Crossover Youth?	
Tel: <input type="checkbox"/> in custody <input type="checkbox"/> out of custody	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/TBD	
Youth's Lawyer: <input type="checkbox"/> Retained: <input type="checkbox"/> Duty Counsel	Probation Officer:	Prior Involvement in YCJA court? <input type="checkbox"/> EJM <input type="checkbox"/> EJS <input type="checkbox"/> youth record <input type="checkbox"/> Unknown
Charges:	Stage of Proceedings:	
	<input type="checkbox"/> Guilty Plea <input type="checkbox"/> Not Guilty <input type="checkbox"/> No plea entered	
	<input type="checkbox"/> Guilty Plea <input type="checkbox"/> Not Guilty <input type="checkbox"/> No plea entered	
	<input type="checkbox"/> Guilty Plea <input type="checkbox"/> Not Guilty <input type="checkbox"/> No plea entered	
	<input type="checkbox"/> Guilty Plea <input type="checkbox"/> Not Guilty <input type="checkbox"/> No plea entered	
	<input type="checkbox"/> Guilty Plea <input type="checkbox"/> Not Guilty <input type="checkbox"/> No plea entered	
s. 34 Report Requested by: <input type="checkbox"/> Counsel <input type="checkbox"/> Crown <input type="checkbox"/> Judge <input type="checkbox"/> Joint Request by Def & Crown	If no plea has been entered: <input type="checkbox"/> Counsel is requesting any discussions about the allegations be precluded from the assessment <input type="checkbox"/> Counsel agrees to have youth discuss allegations during assessment	
In Addition to the grounds upon which a s. 34 Report can be ordered (s. 34(1)(b)), please select any other additional concerns you wish addressed during the assessment:		
<input type="checkbox"/> anger issues <input type="checkbox"/> intellectual disability <input type="checkbox"/> behavioural issues <input type="checkbox"/> drug abuse <input type="checkbox"/> alcohol abuse <input type="checkbox"/> abuse of medications <input type="checkbox"/> attachment issues <input type="checkbox"/> transient housing <input type="checkbox"/> involvement with child welfare services and/or familial support available <input type="checkbox"/> mental health issues <input type="checkbox"/> psychiatric concerns <input type="checkbox"/> FASD <input type="checkbox"/> need for and likelihood of success of clinical interventions for observed problems <input type="checkbox"/> Other:		
Any other specific questions or concerns the Court needs addressed?		