

**POST CHARGE YOUTH EXTRAJUDICIAL SANCTIONS REFERRAL**

I am accepting responsibility for the offence of \_\_\_\_\_ . I have not been found guilty of a Criminal Code or Controlled Drug and Substance Act offence or been referred to the Extrajudicial Sanctions Program more than once prior to this offence (which includes receiving a Caution Letter).

**(PLEASE PRINT)**

**SIGNED:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ , \_\_\_\_\_  
Last Name First Name Middle Name

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day Male: \_\_\_\_\_ Female: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Apt/House # and Street Name Parent Name  
\_\_\_\_\_  
City Province Parent Telephone  
\_\_\_\_\_  
Postal Code

**TELEPHONE:** (\_\_\_\_\_) \_\_\_\_\_  
Home Approved by Crown Prosecutor  
(\_\_\_\_\_) \_\_\_\_\_  
Work

**TO BE FILLED OUT BY THE EXTRAJUDICIAL SANCTIONS CLERK  
CROWN PROSECUTOR'S OFFICE**

**Date of Referral:** \_\_\_\_\_ **Referring Crown:** \_\_\_\_\_

**Docket #:** \_\_\_\_\_ **Police Case #:** \_\_\_\_\_

**Offence:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Offence Date:** \_\_\_\_\_

**NEXT COURT DATE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**Criminal Record:** \_\_\_\_\_

**Extrajudicial Sanctions:** \_\_\_\_\_