



UNITED CHIEFS and COUNCILS OF MNIDOO MNISIG

☀ JUSTICE PROGRAM ☀

GLADUE REPORT REQUEST FORM

Name of Client: _____ Date: _____

Client Address: _____
Street address, P.O. Box # or Rural Route & Box #, Town, Province and Postal Code

HOW TO CONTACT CLIENT

cell Number: _____ Messages may _____
land line _____ be left at: _____

WHO is requesting the Report? Self Defense Counsel Crown Attorney Other: _____

The UCCMM Justice Program will complete reports for First Nations clients **who are a member of (or are entitled to be registered with)** one of the following six UCCMM communities. Which First Nation (FN) is client affiliated with? *Under special circumstances we may agree to complete a report for North Shore FN Communities.

Aundeck Omni Kaning FN M'Chigeeng FN Sheguiandah FN *Other* FN:* _____
Sheshegwaning FN Whitefish River FN Zhiibaahaasing FN

Is Client in Custody? **NO** **If yes, then please provide name & location of Detention Centre:** _____
YES _____

Name of Court, Sentencing Judge & Email: _____

CHARGES pled to: _____
PLEASE ATTACH SYNOPSIS and CRC **yes** synopsis attached **yes** CRC attached **no** CRC NOT attached

Please allow 4-6 weeks for completion of report. If Sentencing date is known, then enter the date here: _____

Crown Attorney's Name and Email: _____
Crown's Sentencing Position: _____

Defense Counsel's name, Email & phone #: _____
Defense Counsel's sentencing position: _____

PLEASE NOTE: The UCCMM Justice Program will only consider preparing a Gladue Report after the client has pled guilty or was found guilty after trial. All Aboriginal offenders (status/non-status of UCCMM member First Nations) to be sentenced will be considered for a Gladue Report regardless of length of custody sought. **For more information**, please contact Jacinta Shawanda, Gladue Writer, at (705) 377-5307 ext. 228. Please fax the request form (with attachments) to our general fax number (705) 377-5309 OR email completed form with attachments to gladuewriter@uccmm.ca