



UNITED CHIEFS and COUNCILS OF MNIDOO MNISING

Justice Program

GLADUE REPORT REQUEST FORM

Date: _____

Name of Client: _____

Address: _____

HOW TO CONTACT CLIENT

Phone/Mobile: _____

Messages can be left at: _____

The UCCMM Justice Program will complete reports for First Nation's clients who are a member of or entitled to be registered with one of the following six UCCMM communities (please indicate which First Nation, client is affiliated with):

- Aundeck Omni Kaning First Nation
- Sheguiandah First Nation
- Whitefish River First Nation

- M'Chigeeng First Nation
- Sheshegwaning First Nation
- Zhiibaahaasing First Nation

Is Client in Custody: NO YES

If "YES" in custody, name of Detention Centre: _____

Name of Court: _____

Sentencing Judge and Email: _____

Defence Counsel's Name and Email: _____

Phone: _____ Fax: _____

Defence Counsel's Sentencing Position: _____

Crown's Name and Email: _____

Crown's Sentencing Position: _____

Charges pled to: _____

Please Attach: Synopsis CPIC

Sentencing Date (please allow 4-6 weeks for completion): _____

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 Indigenous offenders to be sentenced will be considered for a Gladue Report regardless of length of custody sought.*

For more information please contact the **UCCMM Justice's, 'Gladue Program Worker', Joy Simon** at (705) 377-5307 ext. 228. Please fax the request form to our **confidential** fax number **(705) 377-5574 OR email jsimon@uccmm.ca**