



Ontario Review Board
 151 Bloor Street West, 10th Floor
 Toronto ON M5S 2T5
 Telephone: (416) 327-8866
 Fax: (416) 327-8867

New Accused Information Sheet

Instructions for completion and distribution are on reverse side of form.

Section A – Identification Data

Name of accused *Last name* _____ *First name* _____ *Initial* _____ Sex F M Young person Yes No

Criminal charges *(use Criminal Code of Canada section numbers upon which verdict found)*
 1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____

AKA NA

Birth date *(dd/mm/yy)* _____

Section B – Court Data

Court verdict Unfit to stand trial Not Criminally Responsible (NCR) Court verdict date *(dd/mm/yy)* _____

Name of court judge *Last name* _____ *First name* _____

Name of court house _____ Court division General Provincial

Name of officer in charge *Last name* _____ *First name* _____ Police force municipality _____ Badge no. _____
(complete only if unfit)

Name of crown or assistant crown *Last name* _____ *First name* _____ Fax no. _____
 ()

Address *(provide City of home office only)* _____ Telephone no. _____
 ()

Name of defence counsel *Last name* _____ *First name* _____

Address _____ Fax no. _____
 ()

City _____ Province _____ Postal code _____ Telephone no. _____
 ()

Court decision Remanded for Review Board hearing pursuant to S.672.47(1) OR Court disposition made pursuant to S.672.47(3)

Location of accused *(check appropriate situation)*
 Detained in hospital/jail facility *(indicate name of hospital/jail)* _____
 Residing in community *(provide address and telephone no.)*
 Address _____
 City _____ Province _____ Postal code _____ Telephone no. _____
 ()

Interpreter needed No Yes *(specify language/sign)* _____

Section C – Court Documentation Checklist Data

Court document	Unfit		Not Criminally Responsible	
	Required	Attached	Required	Attached
True copies of endorsed information/indictment	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Synopsis of offence(s) or agreed statement of facts	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Criminal record of accused	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Psychiatric report(s)	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Transcript of court disposition made pursuant to S.672.47(3)	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Warrant of committal (Form 49)/Interim release order		<input type="checkbox"/>		<input type="checkbox"/>
Victim Impact Statement(s) filed pursuant to S.672.47(3)		<input type="checkbox"/>		<input type="checkbox"/>
Other <i>(specify)</i> _____		<input type="checkbox"/>		<input type="checkbox"/>

Signature

Name of person completing form *(print)* _____ Signature of person completing form _____

Telephone no. _____ Date *(dd/mm/yyyy)* _____
 ()

See over →

Name of Accused

Last name

First name

Initial

Section D – Victim(s)

Name of victim

Last name

First name

Address

City

Province

Postal code

Telephone no.
()

Name of victim

Last name

First name

Address

City

Province

Postal code

Telephone no.
()

Note: additional victims and their contact information can be provided on a separate page and submitted with this form.

Section E – Additional Identification Data (Young Person)

Name of father

Last name

First name

Address

City

Province

Postal code

Telephone no.
()

Name of mother

Last name

First name

Address

City

Province

Postal code

Telephone no.
()

Section F – Additional Comments

Collection of personal information contained on this form is authorized under Part XX.1 of the Criminal Code, for the purpose of notifying the Review Board of those persons that are unfit to stand trial or not criminally responsible and victims. For information about the collection practices, contact the Deputy Registrar, Ontario Review Board, 151 Bloor St. West, 10th Floor, Toronto ON M5S 2T5, telephone (416) 327-8866, fax (416) 327-8867.

Instructions for Completion and Distribution

Completion of this form:

- Please print (i.e. do not write) all required information.
- Provide all first names in full (i.e. do not use initials).
- If the accused is an adult, then complete Sections A, B, C, and D.
- If the accused is a young person, then complete Sections A, B, C, D and E.
- If you wish to provide additional information, then complete Section F.

Distribution of this form and court documentation to the Review board within two (2) working days after the court verdict or disposition as follows:

- Send this form (both sides) by facsimile to fax number (416) 327-8867
- Send the required court documentation either by facsimile or by mail to: Ontario Review Board
151 Bloor Street West, 10th Floor
Toronto ON M5S 2T5
Telephone: (416) 327-8866

Distribution of this form (without court documentation) as follows:

- To Regional Director of Crown Attorneys for region where verdict was rendered.
- To Regional Director of Crown Attorneys where the accused is located, i.e., place of detention.