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 *(complete **only** if **unfit**)* *Last name* | *First name*

Police force municipality

Badge no.

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	☐	Yes	☐
Synopsis of offence(s) or agreed statement of facts	Yes	☐	Yes	☐
Criminal record of accused	Yes	☐	Yes	☐
Psychiatric report(s)	Yes	☐	Yes	☐
Transcript of court disposition made pursuant to S.672.47(3)	Yes	☐	Yes	☐
Warrant of committal (Form 49)/Interim release order		☐		☐
Victim Impact Statement(s) filed pursuant to S.672.47(3)				☐
Other *(specify)* _____		☐		☐

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.