



Thunder Bay Indigenous
Friendship Centre

Gladue Request Form

Today's Date: _____
date

Defense Counsel

Name: _____ Phone: _____
Address: _____ Email: _____

Client: Subject of Gladue Report

Name: _____ Phone: _____
Address: _____ Email: _____
DOB: _____

Clients FN Community: _____

Is client in custody?: No Yes If yes, where:

Current Charges:

Has client pled/been
found guilty?:

Yes No

Crown: _____ Sentencing Judge: _____

Crown Position: _____

Date Report Requested For: _____ Remand Date: _____

Was the client informed of Gladue process? Yes No

Client consents that Gladue Writer will obtain information from Crown and Defense counsel? Yes No

- All completed referral forms require an attached Synopsis, Crown Screening form and CPIC
- A minimum of 30-60 days is needed for completion of a Gladue Report.
- Please fax your referral to: Thunder Bay Indigenous Friendship Centre (807) 344-8945

The Gladue Writer will acknowledge receipt of completed requests within 2-3 business days. If you do not receive notice of receipt, please follow up by phone or email. The Gladue Service Program reserves the right to determine eligibility criteria. For more information please contact the Gladue Writer at: (807)345-5840

Form Completed by: _____