



# Yukon Community Wellness Court

## Referral Form

Date: \_\_\_\_\_

Name of client: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

1) I recommend that the above named person be considered a candidate for the Community Wellness Court. It is my belief that they have one or more of the following (please check all that apply):

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Addiction     | <input type="checkbox"/> FASD        |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other _____ |

2) Is this person in custody?

- Yes       No

3) Do you believe this person would benefit from having a support person?

- Yes       No

If yes, who should the CWC contact as a support person? (Please indicate contact information, or indicate the nature or kind of support you think this person would benefit from, including First Nations support.)

---

---

---

---

\_\_\_\_\_  
Name of person referring

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agency/Service

**Please send to Court Registry, Dept. of Justice, 2134 – 2<sup>nd</sup> Avenue, Whitehorse,  
Yukon, or Fax to (867) 393-6212**