



Gladue Report Request Form

Request Date: _____ Court Location: _____

Justice: _____

Crown Counsel: _____

Email: _____

Defence Counsel: _____

Email: _____

Report Required for:

- Bail
- Sentencing
- Other (Specify): _____

Name of Offender: _____

Band Name: _____

Address: _____

Telephone: _____

Charges: _____

Accused person is:

- In Custody (Facility): _____
- Out of Custody

Return Court Date: _____ Purpose: _____

Kindly attach; Synopsis/Criminal Record Check; Plea Detail Sheet

Forward information to: gladue.services@treaty3.ca

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