

## INDIGENOUS COURTWORK BAIL REFERRAL FORM

Edmonton Remand Centre: [bailERC@ytccs.ca](mailto:bailERC@ytccs.ca)  
 Remand Centre Phone: (587) 710 - 6988 (Edmonton)

Date Requested: \_\_\_\_\_ Next Court Appearance: \_\_\_\_\_ Court Location: \_\_\_\_\_

Client Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Permanent Address: \_\_\_\_\_

**BAIL STATUS:**

Spoken To: Yes  No  Grounds:  Primary (ensure attendance)  
 Secondary (protect public)  
 Crown Opposed: Yes  No   Tertiary (confidence in Justice System)

Previous Bail *(explain)*:

Previous Convictions *(explain)*:

Name of Justice: \_\_\_\_\_ Defence Counsel: \_\_\_\_\_

Crown Prosecutor: \_\_\_\_\_ Phone: \_\_\_\_\_

Provincial Court: \_\_\_\_\_ King's Bench: \_\_\_\_\_ Email: \_\_\_\_\_

CHARGES	DOCKET No. (s)	SECTION No. (s)	OFFENCE DATE

**Assessment of Clients Needs/Options:**  
*NOTE: TO BE COMPLETED BY THE REQUESTOR*

**Instructions:**  
*NOTE: TO BE COMPLETED BY THE REQUESTOR*