

REMOTE INTIMATE PARTNER VIOLENCE TREATMENT OPTION (IPTVO) REFERRAL FORM

This form must be completed by the Defense Counsel and the accused. Defense counsel will provide the accused with a copy of the completed form BEFORE they leave court. Defense counsel must email the completed referral form to wellness_court@gov.nt.ca.

Name of Accused:	
Name of Defense Counsel:	
Residence/Community/Address (Include street address):	
Phone:	
Email:	
Community Court Worker Contact OR Community Support Contact:	
Additional Ways to Contact Me:	

I am requesting to be screened for participation in a Remote IPVTO Program, through Specialized Courts in Yellowknife.
I understand Specialized Courts will receive a copy of a summary of my charges, my criminal record and my release document.

Contact with IPVTO Program

- I have a phone and I will call the Specialized Courts to make a screening appointment.
- I do not have a phone, but I will find an alternative way to contact the Specialized Courts

I understand that it is my responsibility to contact the Case Manager at Specialized Courts in Yellowknife at 1-867-445-5908. I understand that if I do not contact a case manager by my court date, I may not be able to participate in the remote IPVTO program.

I understand that I must call-in to Territorial Court at 1-866-459-8175; conference ID = 38432#. My next court date is _____.

Signature of Accused

Date

Signature of referring Lawyer

Date