

ONCE COMPLETED, PLEASE FAX TO 519-744-5379 OR EMAIL TO ADMIN@CHILDWITNESS.COM

VICTIM    WITNESS                      GENDER:    F    M

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (m/d/y)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME#: \_\_\_\_\_ EVENING#: \_\_\_\_\_ CELL# \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ ← IS THIS PERSON AWARE OF  
CHARGES :    YES    NO

ARE THERE OTHER VICTIMS/WITNESSES?  NO    YES, THEN PLEASE COMPLETE SEPARATE FORM

INVESTIGATING OFFICER & BADGE #: \_\_\_\_\_

POLICE SERVICE:  WRPS    GPS    OPP   PHONE #: \_\_\_\_\_

ACCUSED NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (m/d/y)

ACCUSED GENDER:    M    F

RELATION TO CHILD:  PARENT (or STEP)    SIBLING    ACQUAINTANCE    PARTNER  
 OTHER FAMILY MEMBER    STRANGER    OTHER: \_\_\_\_\_

CHARGE(S): \_\_\_\_\_

Is this a domestic violence matter?  Yes    No

OCC or ICON #: \_\_\_\_\_ NEXT COURT APPEARANCE: \_\_\_\_\_

HAS THIS MATTER BEEN REPORTED TO FAMILY & CHILDREN'S SERVICES?  YES    NO

*By signing this form OR verbally Consenting, you are giving the Child Witness Centre permission to contact you.*

\_\_\_\_\_  
SIGNATURE OF CHILD (if 12 years old or older)

\_\_\_\_\_  
DATE

VERBAL CONSENT RECEIVED

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

VERBAL CONSENT RECEIVED