



# Child Witness Centre

Services provided for those under 18 years of age

100 Lancaster Street E.  
Kitchener, Ontario N2H 1M8 519-744-0904 or 1-888-544-0904  
[www.childwitness.com](http://www.childwitness.com)

**PLEASE FORWARD VIA FAX TO 519-744-5379 OR EMAIL TO [admin@childwitness.com](mailto:admin@childwitness.com)**

\_\_\_ VICTIM \_\_\_ WITNESS GENDER: \_\_\_ F \_\_\_ M

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (D/M/Y)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PHONE #: \_\_\_\_\_ DAYTIME #: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ IS PARENT AWARE OF MATTER: \_\_\_ Y \_\_\_ N

**IF THERE ARE OTHER VICTIMS/WITNESSES, PLEASE COMPLETE SEPERATE CONSENT FORMS**

ACCUSED GENDER: \_\_\_ M \_\_\_ F

ACCUSED NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (D/M/Y)

RELATION TO VICTIM/WITNESS: \_\_\_ PARENT \_\_\_ STEP-PARENT \_\_\_ SIBLING \_\_\_ STEP-SIBLING  
\_\_\_ GRANDPARENT \_\_\_ ACQUAINTANCE \_\_\_ STRANGER \_\_\_ OTHER: \_\_\_\_\_

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

IS THIS A DOMESTIC VIOLENCE MATTER? \_\_\_ Y \_\_\_ N

OCCURRENCE DATE & NO: \_\_\_\_\_ (D/M/Y) ICON #: \_\_\_\_\_

DATE OF FIRST/NEXT COURT APPEARANCE: \_\_\_\_\_ COURTROOM # \_\_\_\_\_

INVESTIGATING OFFICER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POLICE SERVICE: \_\_\_ WRPS \_\_\_ GPS \_\_\_ OPP \_\_\_ BPS \_\_\_ OTHER: \_\_\_\_\_

HAS THIS MATTER BEEN REPORTED TO FAMILY & CHILDREN SERVICES \_\_\_ Y \_\_\_ N

**BY SIGNING THIS FORM, YOU ARE GIVING THE CHILD WITNESS CENTRE PERMISSION TO CONTACT YOU OR YOUR CHILD.**

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CHILD (IF 12 YEARS AND OVER)

\_\_\_\_\_  
DATE