

## **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](mailto: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

### **IPVTO Program Contact Information**

4510-50 Ave, Yellowknife, NT X1A 2L9

Phone: 867-767-9249    Cell: 867-445-5908    Fax: 867-920-8623