

## FORM 2

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Record no(s):

Accused:

Last name:

First name:

Date of birth:

**Victim(s):**  **Adult**  **Minor** (Please complete the section concerning the tutor.)

Last name:

First name:

Date of birth:

Address:

Telephone number:

**Tutor if the victim is a minor:****Date of birth tutor:****Contact information if different:**

Accused	Next hearing date
<input type="checkbox"/> Has been assessed for eligibility for the PAJ-SM+	
<input type="checkbox"/> Is admitted to the PAJ-SM+	
<input type="checkbox"/> Has successfully completed the PAJ-SM+	
<input type="checkbox"/> Has failed the PAJ-SM+	
Comment(s) :	

**The DPCP was able to discuss and explain the program to the victim person :**      **YES**      **NO**

Prosecuting attorney for the case :

Sent to the CAVAC (Sapummijit) on : Cliquez ou appuyez ici pour entrer une date.