

## FORM 4

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Name of accused:

Record number(s):

Please note that in this case, the accused will participate in the Programme d'accompagnement justice et santé mentale+ (PAJ-SM+). However, following a decision by the defendant or the Program team **as of** Cliquez ou appuyez ici pour entrer une date., the prosecution will now resume its normal course.

Comments:

Please note that the forms, notes, assessment reports, medical documents or other information gathered during the defendant's participation in the Program **may in no case be used against the defendant** in subsequent proceedings, unless with the defendant's express consent. As a result, please consider that the enclosed documents and the information they contain are not an integral part of the prosecution file since they were obtained with the consent of the defendant SOLELY for the purpose of hearings under the mental health program.

Name of the criminal and penal prosecuting attorney:

Date : Cliquez ou appuyez ici pour entrer une date.