# Impact of Race and Culture Assessment (IRCA)

# Intake Form

Legal Aid approval: Yes [ ]  No [ ]  Legal Aid certificate number:

Court ordered: Yes [ ]  No [ ]  Name of presiding judge:

Type of IRCA Requested: IRCA Letter [ ]  Condensed IRCA [ ]  Full IRCA [ ]

## DEFENCE COUNSEL

Name of lawyer:       Name of law firm:

Address:

Phone number:       Email:

## CROWN COUNSEL

Name of lawyer:       Name of law firm:

Address:

Phone number:       Email:

## CLIENT INFORMATION

Client’s legal name:       Legal status in Canada (Canadian citizen, permanent resident, etc.):

Date of birth:       Gender:

Race:       Ethnicity:

Phone number:       Email:

## CLIENT’S CURRENT STATUS

Incarcerated: Yes [ ]  No [ ]

Name of correctional facility:       Phone number:

Address of correctional facility:

## SENTENCE INFORMATION

Criminal record: Yes [ ]  No [ ]

Offence:

Sentence imposed:

Sentence date (if applicable):

Defence position on sentence:

Crown position on sentence:

## CLIENT’S COLLATERAL CONTACTS

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Contact Information (phone and email) |
| 1.       |       |       |
| 2.       |       |       |
| 3.       |       |       |
| 4.       |       |       |

##  RELEVANT DOCUMENTS

[ ]  Do you have an Agreed Statement of Fact (ASoF) with relevant appendices? If so, please attach.

[ ]  Do you have the most current CPIC report for your client? If so, please attach.

[ ]  Is a pre-sentence report available? If so, please attach.

[ ]  Please include any documentation you believe would help inform the IRCA report

If you wish to proceed, please send the completed form, and requested information by email to support@nusuraconsulting.com.