# 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](mailto:support@nusuraconsulting.com).