

**To Refer::**

- ◆ Obtain your client's consent.
- ◆ Fax the form to VWAP at 613-962-3225
- ◆ Reviews are held every second Tuesday
- ◆ You will receive:

*-confirmation that the case will  
or will not be reviewed.*

*-for those that will be reviewed, the  
phone number, and time to call into  
the conference call will be provided.*

If you have any questions, please contact the  
Victim Witness Assistance Program at 613-962-3005

**Purpose of HART:**

*A telephone case review process for cases where  
charges have been laid, and the abuser is seen as  
posing a particularly high threat of causing seri-  
ous bodily harm or death to a particular victim or  
victims.*

**Participants:**

- ◆ *The designated Domestic Violence Assistant  
Crown Attorney*
- ◆ *The Manager of the Victim Witness Assistance  
Program or delegate*
- ◆ *The Domestic Violence Coordinator for the  
police service that is most closely connected  
with the case*

**Hart Members can include:**

- ◆ *The designated representative of the Children's  
Aid Society, where there are children*
- ◆ *The regional Manager for probation and pa-  
role Services or delegate when that agency is  
currently involved with the accused person*
- ◆ *The director of CRCS ( PARs) or delegate,  
where the offender has been referred to the  
program through DVC*
- ◆ *The director or delegate of any agency provid-  
ing direct service to a victim and who has ob-  
tained the consent of their client to participate*

**In order for the case to be reviewed by HART:**

- ◆ *Charges must be laid and still outstanding be-  
fore the courts, or*
- ◆ *The case must have been recently completed by  
the court, or*
- ◆ *The sentence is currently being served, or*
- ◆ *The offender is about to be released from cus-  
tody ( either on bail, or following the comple-  
tion of sentence) and the team receives infor-  
mation that indicates the risk remains high or  
has become high.*



# High Risk Action Review Team

**BELLEVILLE**

-Referral Form-

***For Community Agencies  
working with Victims***

**Appendix D**  
**Hart Consent to Release Information Form**

Highrisk Action Review Team (HART) operates in South Hastings to help criminal justice and community agencies review high risk cases and coordinate services regarding safety. A HART review can occur where there are charges laid AND the case meets the criteria established by HART.

By signing the form below, you allow the named agency to participate in the HART process as indicated by the check box(es) for a period of two months following the date of signing this form.

You may revoke consent at any time by advising the named agency in writing.

I \_\_\_\_\_ (print name), hereby consent to \_\_\_\_\_ (name of agency):

- referring my case for a review at HART
- participating in a HART review to discuss issues regarding my safety.

I acknowledge that the following agencies participate:

- Police
- Crown Attorney
- Victim/Witness Assistance Program

If involved in the case, the following agencies also participate:

- Children's Aid Society
- Probation and Parole
- Conflict Resolution Services

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of person charged: \_\_\_\_\_

Name of your Agency: \_\_\_\_\_ Fax #: \_\_\_\_\_