

# Criminal Risk Assessment Request

## Consent Information

Date

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Select client

☐ Client A

☐ Client B

Signature of person being assessed

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Unconsented

☐ Yes

☐ No

Witness Name (if consenting)

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**Witness Signature (if consenting)**

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## Personal Information

**First Name**

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**Middle Name**

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**Last Name**

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**Date of Birth**

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**Gender**

- ☐ Male
- ☐ Female

**Other Last Names Used**

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**Other First Names / AKA**

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**Current Address (include postal code)**

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**Primary Phone Number**

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**Add another phone number?**☐ Yes☐ No**Second Phone Number**

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**City/Province or Country of Birth**

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**Select 2 Pieces of ID**☐ Birth Certificate☐ Social Insurance Card☐ Manitoba Health Card☐ Treaty Card☐ Other (specify)☐ MB Driver's License**Specify Other ID**

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**Driver's License Number**

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**Agency Information****Name of Agency Submitting Request**

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**Reason for Risk Assessment**☐ Child Protection Concerns☐ Place of Safety☐ Kinship or Customary Care Agreement**Assigned Worker**

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**Date of Last Criminal Risk Assessment (if known)**

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**Submitting Designate**

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**Designate Phone Number**

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**Designate Email**

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**Designate Fax**

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**Request Date**

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