**PRE-TRIAL FORM FOR DRINKING AND DRIVING CASES**

R. v. Click here to enter text.

INFORMATION #:Click here to enter text.

INCIDENT DATE: Click here to enter a date.

CHARGES: [ ]  OVER 80

 [ ]  IMPAIRED DRIVING

 [ ]  REFUSE ROADSIDE/INTOXILYZER

 [ ]  OTHER: \_Click here to enter text.

DATE MEETING HELD: Click here to enter a date.

CROWN: Click here to enter text. DEFENCE: Click here to enter text.

*CHARTER* ISSUES? [ ]  Yes [ ]  No

If yes: [ ]  s.7 [ ]  s.8 [ ]  s.9 [ ]  s.10(b) [ ]  s. 11(b) [ ]  Other Click here to enter text.

If yes, when will Notice be served upon Crown? Click here to enter text.

WILL CROWN SEEK TO INTRODUCE ACCUSED’S STATEMENTS?

 [ ]  Yes [ ]  No

IF SO, WILL DEFENCE REQUIRE A *VOIR DIRE*? [ ]  Yes [ ]  No

NUMBER OF CROWN WITNESSES AT TRIAL: Choose an item.

NUMBER OF DEFENCE WITNESSES AT TRIAL: Choose an item.

WILL THE QUALIFIED TECHNICIAN BE CALLED Choose an item.

WILL A TOXICOLOGIST BE CALLED: BY CROWN [ ]  Yes [ ]  No

 BY DEFENCE [ ]  Yes [ ]  No

IF SO, HAS THERE BEEN 657.3(3) COMPLIANCE? [ ]  Yes [ ]  No

ADMISSIONS:

Click here to enter text.

ANTICIPATED LENGTH OF TRIAL: Choose an item.

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Crown Counsel Counsel for person charged