



ADM 309
06/85

Province of
British Columbia

Ministry of the
Attorney General

COURT SERVICES

Richmond Prov Court
6900 Minoru Blvd.,
Richmond, B.C.

REQUEST FOR PRE-SENTENCE/DISPOSITION REPORT

TO: Richmond Probation & Family Services
6931 Granville Ave.,
Richmond, B.C.
V7C 4M9

July 28th, 1993

DATE

32179A

FILE NO.

S. 19
S. 22

NAME Feng GAO		BIRTHDATE 29 JUL 59
ADDRESS - MAILING 5826 Wales Street, Vancouver, B.C.		
ADDRESS - STREET		
(PLACE)		PHONE NO.
DATE OF APPEARANCE 27 JUL 93	AT (CITY, TOWN ETC.) Richmond, B.C.	PLEA Cnt01:n/g:found guilty
JUDGE REQUESTING REPORT J.R. Groberman		
REMANDED TO (NAME COURT) Richmond Provincial Court		
ADDRESS OF COURT 6900 Minoru Blvd., Richmond, B.C.		
AT (TIME) 09:30 A.M.	ON (DATE) September 02, 1993	
INVESTIGATING OFFICER Det. Sturm	OF V.P.D.	(DETACHMENT) B.C.
CROWN COUNSEL I	DEFENSE COUNSEL R. Dempson	
DATE REPORT REQUIRED Sept., 02, 1993		

REMARKS

recommendation by Judge J.R. Groberman for a psychiatric assessment
from a Dr. at Forensic Services (this is not an order under the
Mental Health Act)

RECEIVED

JUL 30 1993

MINISTRY OF ATTORNEY GENERAL
CORRECTIONS BRANCH
Richmond Probation & Family Services

CLERK OF THE COURT



Province of
British Columbia

Ministry of
Attorney General
CORRECTIONS BRANCH

Vancouver South Probation Services
8th Floor, 3457 Kingsway
Vancouver
British Columbia
V5R 5L5
Telephone: (604) 660-2370
Fax: (604) 660-5255

DATE: *AUGUST 5, 1993.*

TO:

I Hereby consent to the release of medical, psychiatric, psychological, educational, employment or family information from your records to the undersigned.

I understand that this information may be used in preparing a report for the Courts and/or to allow the undersigned to have ongoing contact with a doctor, therapist or counsellor.

Client *FENG GAO*

Probation Officer *D. Phillips*

FORENSIC PSYCHIATRIC SERVICES REFERRAL FORM

A. CHECK APPROPRIATE AREA AND TELEPHONE TO ADVISE OF REFERRAL

S. 19
S. 22

IN-PATIENT

Mailing Address ☐ Forensic Psychiatric Institute
Box 500
Port Coquitlam, B.C.
V3C 4J2 525-9481 x33

OUT-PATIENT

☒ Adult Forensic Psychiatric Services
Vancouver Clinic
Suite 201 - 307 West Broadway
Vancouver, B.C. V5Y 1P9
660 6604

☐ Adult Forensic Psychiatric
Out - Patient Services,
946 Meares Street,
Victoria, B.C.
V8V 3J4
387 1465

Complete B to I - Use back of form for additional comments

B. REFERRAL SOURCE

Name <u>DAVE Phillip</u>	Telephone No. <u>660-2370</u>
Address <u>3457 Kingsway, Vanc.</u>	Position <u>PROBATION OFFICER.</u>
Name of Government Service/Agency <u>Vanc. South PROBATION</u>	

C. PLEASE ENCLOSE THE FOLLOWING INFORMATION ON EACH REFERRAL

1. Copy of legal document, e.g. Probation Order, Warrant of Remand	<input checked="" type="checkbox"/> Enclosed	<input type="checkbox"/> No
2. Copy or summary of police report of offence	<input checked="" type="checkbox"/> Enclosed	<input type="checkbox"/> No
3. Background information, e.g. Pre-Sentence Report, Social History	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No
4. Copy of previous medical reports and court transcript	<input checked="" type="checkbox"/> Enclosed	<input type="checkbox"/> No

D. PATIENT PERSONAL DATA

Name <u>GAO, FENG.</u>				Aliases	
Address <u>5826 WALES ST. 1 Vanc.</u>				Phone No.	
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth <u>59/01/29</u>	Marital Status <u>SNG.</u>	Ethnic Origin <u>CHINA</u>	Social Insurance No.	Medical Plan No.

E. OFFENCE/LEGAL STATUS

<input type="checkbox"/> Supreme Court	<input type="checkbox"/> County Court	<input checked="" type="checkbox"/> Prov. Court	<input type="checkbox"/> Family Court	Location <u>RICHMOND</u>	Next Court Date <u>Sept 2/93</u>
Alleged Offences <u>BREACH of Recognizance</u>					
Stage of Court Proceedings <u>Disposition.</u>				Sections of C.C.C. <u>145(3).</u>	

F. REQUEST FOR PSYCHIATRIC OPINION ON

<input checked="" type="checkbox"/> Existence of mental illness (including certifiability)
<input type="checkbox"/> Fitness to stand trial
<input type="checkbox"/> Mental state at time of offence
<input checked="" type="checkbox"/> Treatment needs

REQUEST FOR

<input type="checkbox"/> Personality assessment
<input type="checkbox"/> Social assessment
<input type="checkbox"/> Other recommendations

G. PATIENT AVAILABILITY

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Escorted to F.P.I.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appointments at Clinic
Specify where in custody interview required			

H. STATEMENT GIVING REASON FOR REQUEST

Previously been at UBC - Dr. 1. Has also been at VGH +
seen while in custody. Recommendation of Judge.

I.

SIGNATURE OF REFERRAL SOURCE [Signature] DATE Aug. 16/93.

FOR OFFICE USE ONLY

Therapist Assigned _____	Action Taken _____	Date _____
REMARKS _____		



Province of
British Columbia

ADULT FORENSIC PSYCHIATRIC
OUT-PATIENT SERVICES

Ministry of
Health and
Ministry Responsible
for Seniors

Forensic Psychiatric
Services Commission
300, 307 West Broadway
Vancouver, British Columbia
V5Y 1P9
Telephone: (604) 660-6604

August 20, 1993

S 19
S. 22

Mr. Dave Phillips
South Vancouver Probation
3457 Kingsway
Vancouver, B.C.
V5R 5L5

Dear Dave:

On August 16, 1993 we received a referral from you for a psychiatric evaluation at the presentence stage of the court process on Mr. Feng Gao. Mr. Gao is due to appear in Provincial Court of Richmond 0930 hours on September 2, 1993.

In order to comply with your request, Forensic Services requires an additional 6 - 8 weeks in order to complete the assessment. We therefore request that the client's Court appearance date be postponed accordingly.

Please do not hesitate to contact the undersigned should you have any concerns. Would you please notify us of the new Court date at your earliest convenience.

Sincerely,

RPN

RPN
Acting Community Nurse III
ADULT FORENSIC PSYCHIATRIC OUTPATIENTS SERVICES

KL:jg T 1993-08-20

RECEIVED

AUG 24 1993

MINISTRY OF ATTORNEY GENERAL
CORRECTIONS BRANCH
VANCOUVER SOUTH PROBATION