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| Court Integrated Services Program (CISP)Referral Form |

# Checklist for referrers

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| [ ]  Charges, summaries and priors attached[ ]  Current Intervention order(s) attached, if in place[ ]  Reports relating to presenting needs attached (LEAP, mental health/psychology/neuropsychological assessments)[ ]  If in custody, bail application booked for same date as CISP assessment[ ]  If on bail, when is the person’s next court date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Leave granted by Judge(indictable offences under Schedule 1 while on bail and/or breaches of court orders)[ ]  Gaol order arranged, if required |
| INTERNAL USE ONLY |
| CISP ID number |  | **iManage case number** |  |

# General information

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| Date of referral |  |
| Person’s details | Name:Date of birth:Gender:Phone:Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Male [ ]  Female [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No fixed address |
| If the person is under 21, has a referral to Youth Justice been made? | [ ]  Yes [ ]  No |
| Does the person identify as Aboriginal or Torres Strait Islander?If ‘Yes’, does the person wish for a Koori Support Officer be consulted regarding suitable intervention options? | [ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Not applicable |
| Name of person making this referral |  |
| What is your relationship to the person? e.g. legal representative |  |
| Does the person require support related to their lived experience in the following areas? | [ ]  Illicit drugs[ ]  Alcohol[ ]  Problem gambling[ ]  Physical health issues[ ]  Intellectual disability[ ]  Family violence[ ]  Homelessness[ ]  Physical disability | [ ]  Suicidal ideation orself-harm[ ]  Mental illness/disorder[ ]  Anger/conflict management[ ]  Acquired brain injury/ cognitive impairment[ ]  Long-term accommodation[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Legal representative contact detailsIf briefed counsel is making the referral, please sign and date on page 4 | Name:Address:Phone:Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has the legal firm that has briefed counsel on this matter been made aware of the referral? | [ ]  Yes [ ]  No |
| Is the person aware of the referral? | [ ]  Yes [ ]  NoIf no, reason:  |
| Does the person consent to a CISP referral? Referral cannot proceed without consent. | [ ]  Yes [ ]  No |
| If the referred person is remanded in custody, are there any reasons why a CISP assessment could not be conducted via Videolink?e.g. cognitive deficits, suicidal ideation, language/cultural barriers | [ ]  Yes [ ]  No [ ]  Not applicableReasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Legal information

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| Has this person also been referred to other court services? | [ ]  Forensicare[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Koori Court |
| Is an interpreter required?Has an interpreter been booked? | [ ]  Yes, language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No [ ]  Yes [ ]  No  |
| Person’s next court appearance datesReason for the appearanceIf in bail, has a bail application and gaol order been arranged? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No |
| Does the person have any current court orders?CISP cannot case manage people on parole | [ ]  None[ ]  CCO[ ]  Undertaking | [ ]  Suspended sentence[ ]  Parole (completion date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person’s status | [ ]  In custody[ ]  On bail | [ ]  On summons[ ]  Appeal bail |
| Are there any actions for breach of bail or a court order?If yes, for which status? | [ ]  Yes [ ]  No[ ]  Bail[ ]  CCO | [ ]  Suspended sentence[ ]  Parole |
| Has the court been made aware of the potential breach? | [ ]  Yes [ ]  NoJudge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What charges are currently listed against the person?Date chargedCourt where charges listedInformant’s name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Only complete this section if the person is on bail. (If you answer ‘Yes’ to any of these questions, the Judge may need to grant approval before an assessment proceeds)* Is the person alleged to have committed a serious or significant indictable offence while on bail?
* Is the person alleged to have committed an offence while serving a suspended sentence?
* Is the person alleged to have committed an offence while on a community corrections order where assessment and treatment are conditions of the order?
* Is the person currently subject to an interstate order?
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Is there a current or pending intervention order in place?If yes, please attach | [ ]  Yes[ ]  No | [ ]  Applicant[ ]  Respondent | Details: |
| Details of previous intervention orders | [ ]  Yes[ ]  No | [ ]  Applicant[ ]  Respondent | Details: |
| Note: In addition to the above, CISP program staff may require leave to be sought from a Judge where the person is identified as presenting a high risk based on the charges before the court. |
| Please give any further details about why this referral has been madeFor example:1. Does the individual have any formal supports currently in place (i.e. mental health, AOD, NDIS, DHHS Disability Justice, family). Please list contact details.
2. Has the individual ever been charged with sex offences?
3. Does the individual have any sex offence charges pending?
4. Are there any concerns related to individual, worker or community safety? Please explain.
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| Referrer details | Name:Phone:Email:Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |