

COURT INTEGRATED SERVICES PROGRAM (CISP)



Phone Number 9221 8900

Email BroadmeadowsCISP@courts.vic.gov.au

REFERRAL FORM

Broadmeadows Magistrates' Court

FAILURE TO COMPLETE ALL SECTIONS AND PROVIDE DOCUMENTATION MAY RESULT IN DELAYS DURING THE ASSESSMENT PROCESS AND THE ABILITY TO RESPOND APPROPRIATELY

REFERRER'S COMPLETION CHECKLIST			
<input type="checkbox"/> Charges, summaries and priors attached <input type="checkbox"/> If IVO in place? <i>(please attach)</i> <input type="checkbox"/> Reports relating to presenting needs attached <i>(mental health/psychology/neuropsychological assessments)</i> <input type="checkbox"/> If in custody, bail application booked for same date as CISP assessment <input type="checkbox"/> If on bail, when is client's next court date? _____ <i>(preferably book assessment on same date as court date)</i> <input type="checkbox"/> Leave granted by magistrate <i>(indictable offences under Sch.1 while on bail and/or breaches of court orders)</i> <input type="checkbox"/> Gaol order arranged <i>(If required)</i>			
GENERAL INFORMATION			
Date of referral			
Name			
Date of birth		If client is under 21, has a referral to Youth Justice been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Client contact number			
Current address (if on bail/summons) or proposed, if released from custody		<input type="checkbox"/> No fixed address	
Does this client identify as Aboriginal and/or Torres Strait Islander?		If Yes, does the client request a Koori Case Manager to complete the assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of person making this referral?			
What is your relationship to the client? (e.g legal representative)			
What issues or problems are/may be associated with this person? (tick as appropriate and attach reports)		<input type="checkbox"/> illicit drugs <input type="checkbox"/> alcohol <input type="checkbox"/> physical health issues <input type="checkbox"/> intellectual disability <input type="checkbox"/> mental illness/other mental disorder <input type="checkbox"/> acquired brain injury/cognitive impairment <input type="checkbox"/> family violence <input type="checkbox"/> suicidal ideation or self-harm <input type="checkbox"/> problem gambling <input type="checkbox"/> homelessness <input type="checkbox"/> long-term accommodation <input type="checkbox"/> physical disability <input type="checkbox"/> anger / conflict management <input type="checkbox"/> Other:	
Legal representative contact details (if legal representative / firm is making referral please sign and date on page 2)		Name: Address: Phone: Email:	
Is the person's usual legal representative aware of this referral?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client aware of the referral?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If this person is in custody, is there any reason why a video link assessment would not be appropriate? eg. cognitive deficits, suicidal ideation, language/cultural barriers etc.			

LEGAL INFORMATION		
Has this person also been referred to other court service?	<input type="checkbox"/> CCS <input type="checkbox"/> Youth Justice <input type="checkbox"/> Forensicare <input type="checkbox"/> Koori Court <input type="checkbox"/> ARC List <input type="checkbox"/> CROP (If client has been assessed by CROP, client cannot be assessed by CISP)	
Is an interpreter required?	<input type="checkbox"/> Yes Have you booked an Interpreter been booked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No If "yes", what language?	
When is this person's next court appearance?	Dates:	
	Reason:	
	If in custody, has a bail application and gaol order been arranged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this person have any current court orders?	<input type="checkbox"/> None <input type="checkbox"/> Suspended sentence <input type="checkbox"/> CCO <input type="checkbox"/> Parole	Parole completion date: (Nb. CISP cannot case manage people on parole)
The person is currently:	<input type="checkbox"/> In Custody <input type="checkbox"/> On Bail <input type="checkbox"/> On Summons <input type="checkbox"/> Appeal Bail	
	If in custody how long for?	
	If on appeal bail, date of appeal?	
Are there any actions for breach of bail or a court order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes state whether:</i> <input type="checkbox"/> Bail <input type="checkbox"/> CCO <input type="checkbox"/> Suspended sentence <input type="checkbox"/> Parole
Has the Magistrate been made aware of the potential breach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Magistrate
What charges are currently listed against this person?	Charges:	
	Date charged:	
	Court where charges listed:	
	Informant name:	
If the accused is in custody? <i>Note: If the accused is on bail please do not complete this section</i> <i>(If "yes" to any of these questions, the Magistrate will need to grant approval before an assessment proceeds)</i>	Is the accused alleged to have committed a serious or significant indictable offence while on bail? (Sch. 1, <i>The Sentencing Act 1991</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the accused alleged to have committed an offence while on a suspended sentence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the accused alleged to have committed an offence while on a community corrections order where treatment is a component? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the accused currently subject to an interstate order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approval for Assessment	Magistrate approving the assessment	
	Date of Approval	
Is there a current, or pending Intervention Order in place? (If "yes", please attach)	<input type="checkbox"/> Yes <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent <input type="checkbox"/> No <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent	Details:
Details of previous Intervention Orders'	<input type="checkbox"/> Yes <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent <input type="checkbox"/> No <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent	Details:
NB: In addition to the above situations, CISP may require leave to be sought from a magistrate where charges present a high risk.		
Please give any further details about why this referral has been made. (i.e. support worker/case manager if the client has current support in place)		
Name of Referrer:		
Contact phone:	Email:	
Signature:	Date:	
Internal Use Only	CISP ID Number:	Courtlink Number: