

NEW PARTICIPANT BACKGROUND INFORMATION



ARC List Registrar Ph: 9628 7838
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ASSESSMENT & REFERRAL COURT (ARC) LIST

PLEASE COMPLETE ALL SECTIONS BELOW

Date of referral			
Client Name			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Date of Birth	D.O.B	Client Contact Number	
Has this client identified as Indigenous?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Current Address and contact phone number	No fixed address <input type="checkbox"/>		
Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/> Language Has an Interpreter been booked? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What issues or problems are associated with this person? (tick as many as appropriate)	<input type="checkbox"/> Person experiences problems with illicit drugs <input type="checkbox"/> Person experiences problems with alcohol <input type="checkbox"/> Person has physical health issues <input type="checkbox"/> Person has/may have an intellectual disability (attach reports) <input type="checkbox"/> Person has/may have a mental illness/other mental disorder (attach reports) <input type="checkbox"/> Person reports suicidal ideation or self-harm <input type="checkbox"/> Person has/may have acquired brain injury/cognitive impairment (attach reports) <input type="checkbox"/> Person requires anger management <input type="checkbox"/> Person requires assistance with accommodation <input type="checkbox"/> Other		
What is the accused highest level of education		What is the accused main income source	
Does the person have dependant children	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are DHS involved with the children	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list diagnoses / possible diagnoses of the accused			
Please give details about any current supports in place			

LEGAL INFORMATION

Has this person also been referred to other court based services?	CISP <input type="checkbox"/> CCS <input type="checkbox"/> Youth Justice <input type="checkbox"/> Forensicare <input type="checkbox"/> KLO <input type="checkbox"/>			
Does this person have any current court orders?	None CCO IVO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Respondent <input type="checkbox"/> Applicant	Suspended sentence Parole Parole completion date:	<input type="checkbox"/> <input type="checkbox"/>
Are there any actions for breach of bail or a court order?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes state whether:</i> Bail <input type="checkbox"/> CCO <input type="checkbox"/> Suspended sentence <input type="checkbox"/> Parole <input type="checkbox"/> IVO <input type="checkbox"/>		
What charges are currently listed against this person?	Charges			
	If there are sexual offences are they listed in before the Sexual Offences List		Yes	<input type="checkbox"/>
	Date charged		No	<input type="checkbox"/>
	Informant name			
Are the charges listed in the committal stream	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Legal Representative contact details (if Legal Representative is making referral please sign and date section below)	Name			
	Address			
	Phone		Email	
Is the legal representative aware of the referral	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Does the accused consent to a referral being made to the ARC List	Yes		<input type="checkbox"/>	No <input type="checkbox"/>
Please describe the proposed benefit of the accused accessing the ARC List.				
Name of referrer				
Contact phone		Email		
Signature		Date		
If you have any questions regarding referral eligibility for the ARC List please consult with Program Manager, ARC List on 9628 7838 or arclist@courts.vic.gov.au				
REFERRAL COMPLETION CHECKLIST				
<input type="checkbox"/> Summary of charges and prior criminal record attached				
<input type="checkbox"/> Reports relating to presenting needs – i.e. mental health / psychology / neuropsychological assessments				