

**NEW PARTICIPANT  
BACKGROUND INFORMATION**



**ARC List Registrar Ph: 5194 4300**

**Email:**  
[GippslandARCList@courts.vic.gov.au](mailto:GippslandARCList@courts.vic.gov.au)

## GIPPSLAND - ASSESSMENT & REFERRAL COURT (ARC) LIST

**PLEASE COMPLETE ALL SECTIONS BELOW**

<b>Date of referral</b>			
<b>Participant Name</b>			
<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Date of Birth</b>	D.O.B	<b>Participant Contact Number</b>	
<b>Has this participant identified as Indigenous?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
<b>Current Address and contact phone number</b>	No fixed address <input type="checkbox"/>		
<b>Interpreter required</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Language Has an Interpreter been booked? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>What issues or problems are associated with this person? (tick as many as appropriate)</b>	<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		
<b>What is the accused highest level of education</b>		<b>What is the accused main income source</b>	
<b>Does the person have dependant children</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are DHHS involved with the children or Family Law orders</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach orders
<b>Please list diagnoses / possible diagnoses of the accused incl. when first diagnosed</b>			
<b>Please give details about any current supports in place</b>			

**LEGAL INFORMATION**

<b>Has this person also been referred to other court based services?</b>	CISP <input type="checkbox"/> CCS <input type="checkbox"/> Youth Justice <input type="checkbox"/> Forensicare <input type="checkbox"/> Family Violence support services: as victim <input type="checkbox"/> as perpetrator <input type="checkbox"/>				
<b>Does this person have any current court orders?</b>	None CCO Intervention Orders (FV/PSIO)	<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"/>	
<b>Are there any actions for breach of bail or a court order?</b>	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"/>			
<b>What charges or types of charges are currently listed against this person?</b>	Charges				
	Agreed to plea guilty yes <input type="checkbox"/> not yet <input type="checkbox"/>				
	If there are sexual offences are they listed in before the Sexual Offences List	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Date(s) charged				
<b>Are the charges listed in the committal stream</b>	Yes <input type="checkbox"/>	Date	No <input type="checkbox"/>		
<b>Legal Representative contact details (if Legal Representative is making referral please sign and date section below)</b>	Name				
	Address				
	Phone	Email			
<b>Is the legal representative aware of the referral</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Does the accused consent to a referral being made to the ARC List</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Please describe the proposed benefit of the accused accessing the ARC List.</b>					
Name of referrer					
Contact phone		Email			
Signature		Date			
If you have any questions regarding referral eligibility for the ARC List please email <a href="mailto:GippslandARCList@courts.vic.gov.au">GippslandARCList@courts.vic.gov.au</a>					
<b>REFERRAL COMPLETION CHECKLIST</b> <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 <input type="checkbox"/> The matters are listed at the proper venue. Courtlink number(s) _____					