

COURT INTEGRATED SERVICES PROGRAM (CISP)



Magistrates' Court of Victoria

Phone Number 5194 4300

Email LatrobeCISP@courts.vic.gov.au

REFERRAL FORM

Latrobe Valley 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	

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: