|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  | | | | | | | | | | | | | | |
| **client name:** | | | | Click or tap here to enter text. | | | | | **D.O.B:** | | Click or tap to enter a date. | | | | |
| **BAIL ADDRESS:** | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Has the Court Integrated Services Program (CISP) been explained to the client? | | | | | | | | | | | |  | **Yes** |  | **No** |
| Does the client consent to the referral to CISP? | | | | | | | | | | | |  | **Yes** |  | **No** |
| **Legal Representative:** | | | | Click or tap here to enter text. | | | | | | | | | | | |
| **Phone:** | | Click or tap here to enter text. | | | | | **Email:** | Click or tap here to enter text. | | | | | | | |
| **Name of referrer:** (if different from above) | | | | | Click or tap here to enter text. | | | | | | | | | | |
| **Current Charges:** | | | Click or tap here to enter text. | | | | | | | | | | | | |
| **NEXT HEARING DATE:** | | |  | | | **NEXT HEARING TYPE:** | | | | Click or tap here to enter text. | | | | | |

# STATUS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | In custody (provide location) |  |  | On bail |

# vulnerability factors:

***Who*** *requires early identification and a customised response?*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Aboriginal and Torres Strait Islander |  | Cultural and linguistically diverse | |  | LGBTQI+ |
|  | Youth (18-25 years) |  | Older age (over 65) | |  | Caring responsibilities |
|  | First offence |  | First time in custody | | | |
|  | Other (provide details) | Click or tap here to enter text. | | | | |
|  | Select if interpreter is required – provide language | | | Click or tap here to enter text. | | |

# Presenting Needs:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Family violence |  | Drug or alcohol dependence |  | Mental health |
|  | Physical impairment |  | Cognitive impairment |  | Gambling/financial |
|  | Homeless (or at risk of homelessness) |  | Chronic health condition |  | Other (provide details below) |
|  | Click or tap here to enter text. | | | | |

# Background:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous CISP involvement? | | | | | |  | | Yes |  | No |
| Is the client currently on a CCO and engaged with treatment? | | | | | |  | | Yes |  | No |
| Is the client subject to an interstate order? | | | | | |  | | Yes |  | No |
| Is this client charged with a sex offence? | | | | | |  | | Yes |  | No |
| Is this client charged with a schedule 1 offence? | | | | | |  | | Yes |  | No |
| Current breaches |  | FVIO |  | PSIO |  | | CCO | | | |
| Are there any factors that indicate a phone or online assessment would not be suitable for this person? (provide details in comments) | | | | | |  | | Yes |  | No |

# Mandatory Documents:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Summary of charges |  | Charge history (LEAP) |  | Professional reports (if available) |

**Comments:**

Click or tap here to enter text.