|  |  |
| --- | --- |
| **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.