

CISP Referral Form

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?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the client consent to the referral to CISP?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?

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

PRESENTING NEEDS:

<input type="checkbox"/> Family violence	<input type="checkbox"/> Drug or alcohol dependence	<input type="checkbox"/> Mental health
<input type="checkbox"/> Physical impairment	<input type="checkbox"/> Cognitive impairment	<input type="checkbox"/> Gambling/financial
<input type="checkbox"/> Homeless (or at risk of homelessness)	<input type="checkbox"/> Chronic health condition	<input type="checkbox"/> Other (provide details below)
Click or tap here to enter text.		

BACKGROUND:

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

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MANDATORY DOCUMENTS:

Summary of charges

Charge history (LEAP)

Professional reports (if available)

Comments:

Click or tap here to enter text.