|  |  |  |  |  |
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|  |  | **NEW PARTICIPANT**  **BACKGROUND INFORMATION** |  | **Phone:**  **ARC List Registrar: 9628 7838**  **Email:**  **arc.registrar@courts.vic.gov.au** |
| **ASSESSMENT & REFERRAL COURT (ARC) LIST** | | | | |

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| **PLEASE COMPLETE ALL SECTIONS BELOW** | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of referral** | |  | | | | | | | | | | | | | | | | | | | | | |
| **Client Name** | |  | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | | Male | | | | | | | | | Female | | | | | | | | Other | | | | |
| **Date of Birth** | | D.O.B |  | | | | | | | **Client Contact Number** | | | | | | | | | | | | | |
| **Has this client identified as Indigenous?** | | Yes | |  | | | | | | | No | | | | |  | | | Don’t know | | |  | |
| **Current Address and contact phone number** | | No fixed address | | | | | | | | | | | | | | | | | | | | | |
| **Interpreter required** | | Yes  No  Language  Has an Interpreter been booked? Yes  No | | | | | | | | | | | | | | | | | | | | | |
| **What issues or problems are associated with this person?**  **(tick as many as appropriate)** | | Person experiences problems with illicit drugs  Person experiences problems with alcohol  Person has physical health issues  Person has/may have an intellectual disability (attach reports)  Person has/may have a mental illness/other mental disorder (attach reports)  Person reports suicidal ideation or self-harm  Person has/may have acquired brain injury/cognitive impairment (attach reports)  Person requires anger management  Person requires assistance with accommodation Emergency  Long-Term  Other | | | | | | | | | | | | | | | | | | | | | |
| **What is the accused highest level of education** | |  | | | | | | | | | **What is the accused main income source** | | | | | | | |  | | | | |
| **Does the person have dependant children** | | Yes  No | | | | | | | | | **Are DHS involved with the children** | | | | | | | | Yes  No | | | | |
| **Please list diagnoses / possible diagnoses of the accused** | |  | | | | | | | | | | | | | | | | | | | | | |
| **Please give details about any current supports in place** | |  | | | | | | | | | | | | | | | | | | | | | |
| **LEGAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| **Has this person also been referred to other court based services?** | | CISP  CCS  Youth Justice  Forensicare  KLO | | | | | | | | | | | | | | | | | | | | | |
| **Does this person have any current court orders?** | | None  CCO  IVO | | | Respondent  Applicant | | | | | | | | Suspended sentence  Parole  Parole completion date: | | | | | | | |  | | |
| **Are there any actions for breach of bail or a court order?** | | Yes  No | | | | | | | *If yes state whether:*  Bail  CCO  Suspended sentence  Parole  IVO | | | | | | | | | | | | | | |
| **What charges are currently listed against this person?** | | Charges | | | | | | | | | | | | | | | | | | | | | |
|  | | If there are sexual offences are they listed in before the Sexual Offences List | | | | | | | | | | Yes | | | | |  | | | No | | |  |
|  | | Date charged | | | | | | | | | |  | | | | | | | | | | | |
|  | | Informant name | | | | | | | | | |  | | | | | | | | | | | |
| **Are the charges listed in the committal stream** | | Yes | | | | |  | | | | | | | | | No | | | | |  | | |
| **Legal Representative contact details (if Legal Representative is making referral please sign and date section below)** | | Name |  | | | | | | | | | | | | | | | | | | | | |
|  | | Address |  | | | | | | | | | | | | | | | | | | | | |
|  | | Phone |  | | | | | | | | | Email | | |  | | | | | | | | |
| **Is the legal representative aware of the referral** | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| **Does the accused consent to a referral being made to the ARC List** | | | | | | | | | Yes | | | | |  | | | | No | | |  | | |
| **Please describe the proposed benefit of the accused accessing the ARC List.** | |  | | | | | | | | | | | | | | | | | | | | | |
| Name of referrer |  | | | | | | | | | | | | | | | | | | | | | | |
| Contact phone |  | | | | | | | Email | | | |  | | | | | | | | | | | |
| Signature |  | | | | | | | Date | | | |  | | | | | | | | | | | |
| If you have any questions regarding referral eligibility for the ARC List please consult with Melbourne Assessment and Referral Team on 9628 7975 or [arclist@courts.vic.gov.au](mailto:arclist@courts.vic.gov.au) | | | | | | | | | | | | | | | | | | | | | | | |
| **REFERRAL COMPLETION CHECKLIST**  **Summary of charges and prior criminal record attached**  **Reports relating to presenting needs – i.e. mental health / psychology / neuropsychological assessments** | | | | | | | | | | | | | | | | | | | | | | | |