

ARC Referral Form

Client information				
DATE*				
CLIENT NAME*		D.O.B*		
GENDER ID*				
ADDRESS*				
BAIL ADDRESS: (If different from above)				
PHONE*		EMAIL*		
COURTLINK ID:				
Has the client consented to engage in a case management program and regular court reviews including judicial monitoring*				<input type="checkbox"/> Yes <input type="checkbox"/> No

Referrer information				
REFERRED BY*				
NAME OF REFERRER*				
Is the legal representative aware of this referral?		Yes		No
NAME OF LEGAL REFERRER (If not referrer)				
REPRESENTATIVE PHONE:		REPRESENTATIVE EMAIL:		
CURRENT/ALLEGED CHARGES:				
COURT LOCATION*				
NEXT HEARING DATE*		NEXT HEARING TYPE:		

Client Status *				
IN CUSTODY:		Prison location:		ON BAIL: <input type="checkbox"/> ON SUMMONS: <input type="checkbox"/>

Eligibility Criteria *				
Does the client meet this eligibility criteria?		Yes		No
Diagnosed mental health condition or cognitive impairment.		Yes		No
Intention to plead guilty?		Yes		No
Is the client currently in custody?		Yes		No

Reason for referral *	
Diagnosis or suspected / suggested diagnosis.	
How does this condition substantially reduce the clients capacity to manage their; self-care, self-management, social interaction and/or communication?	
What are the clients identified support needs?	
What supports are currently in place?	

Custody/pertinent vulnerability factors				
Aboriginal and Torres Strait Islander		Aged 18-21		Mental health
LGBTQIA+		Aged 22- 25		Physical impairment
First offence		Older age (over 65)		Cognitive impairment
First time in custody		Have you attempted to refer client to Youth Justice?		
Interpreter required – provide language				
Other (provide details)				

Presenting Needs*					
Suicide ideation		AOD		Gambling/financial	
Chronic health condition		Caring responsibilities		Culturally and linguistically diverse	
Family violence		Applicable for	Victim	Perpetrator	Both
Family violence charges					
Other (provide details)					

Background Information *					
Previous CISP involvement?	Yes No Unknown	Previous drug court involvement?	Yes No Unknown	Is this matter in the Indictable crime/committal stream?	Yes No Unknown
Previous ARC involvement?	Yes No Unknown	Is the client currently on a CCO	Yes No Unknown	Is the client subject to an interstate order?	Yes No Unknown
Previous MHARS involvement?	Yes No Unknown	MHARS report available?	Yes No Unknown	Is this client charged with a sex offence?	Yes No Unknown
Previous Koori liaison officer involvement?	Yes No Unknown	Has the matter commenced in BaRC?	Yes No Unknown	Is this client subject to an FVIO?	Yes No Unknown
Current/alleged breaches					
Is this client currently engaged with other services?					
Are there any factors that indicate a phone or online assessment would not be suitable for this person? (provide details)					

Mandatory Documents				
Remand summary		Prior criminal history		Professional reports (If Available)

Related Documents

CMI Forensicare/MHARS

CCO contravention reports

Comments: