

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?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
NAME OF LEGAL REFERRER (If not referrer)			
REPRESENTATIVE PHONE:		REPRESENTATIVE EMAIL:	
CURRENT/ALLEGED CHARGES:			
COURT LOCATION*			
NEXT HEARING DATE*		NEXT HEARING TYPE:	Click or tap to enter a date.

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

Eligibility Criteria *			
Does the client meet this eligibility criteria?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Diagnosed mental health condition or cognitive impairment.	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Intention to plead guilty?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is the client currently in custody?	<input type="checkbox"/>	Yes	<input type="checkbox"/> 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					
<input type="checkbox"/>	Aboriginal and Torres Strait Islander	<input type="checkbox"/>	Aged 18-21	<input type="checkbox"/>	Mental health
<input type="checkbox"/>	LGBTQIA+	<input type="checkbox"/>	Aged 22- 25	<input type="checkbox"/>	Physical impairment
<input type="checkbox"/>	First offence	<input type="checkbox"/>	Older age (over 65)	<input type="checkbox"/>	Cognitive impairment
<input type="checkbox"/>	First time in custody	<input type="checkbox"/>	Have you attempted to refer client to Youth Justice?		
<input type="checkbox"/>	Interpreter required – provide language				
<input type="checkbox"/>	Other (provide details)				

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

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

Mandatory Documents					
Remand summary	<input type="checkbox"/>	Prior criminal history	<input type="checkbox"/>	Professional reports (If Available)	<input type="checkbox"/>

Related Documents

CMI Forensicare/MHARS

CCO contravention reports

Comments