

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* | | | 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: | ON SUMMONS: |

| 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: