



KOORI COURT
A Cultural Sentencing Conversation

Koori Court Referral Form

Please complete this form and return to the Koori Court Officer.

Please be advised that your client will not be booked into Koori Court until the form is completed and returned. If necessary, the Koori Court Officers can assist legal representatives to complete this form. You will receive an email confirmation with your hearing date once all necessary information is obtained.

Applicant name:		
Applicant's Tribe/Clan:	<i>*Please do not leave blank. If you need assistance, please contact Koori Court Officer.</i>	
Do you identify as Stolen Generation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		
Contact Number:		Gender:
Date of Birth:	/ /	Place of Birth: <i>(Include name of Traditional Owner Country, State, Suburb etc.)</i>
In custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No CRN: Location: Date of Remand: / /	
Education Level: <i>e.g., Highschool completed, any further study</i>		
Emergency Contact	Emergency Contact Name: Emergency Contact Number:	
Number of Children:		
Child Care and Welfare	Who has custody of Children? Are they in your care? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, with whom? <hr/> Access arrangements if not main custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lawyer	Name: Phone: Email: Firm:	
Date of Referral:	/ /	
Koori Court Hearing Date:	/ /	Koori Court Location:



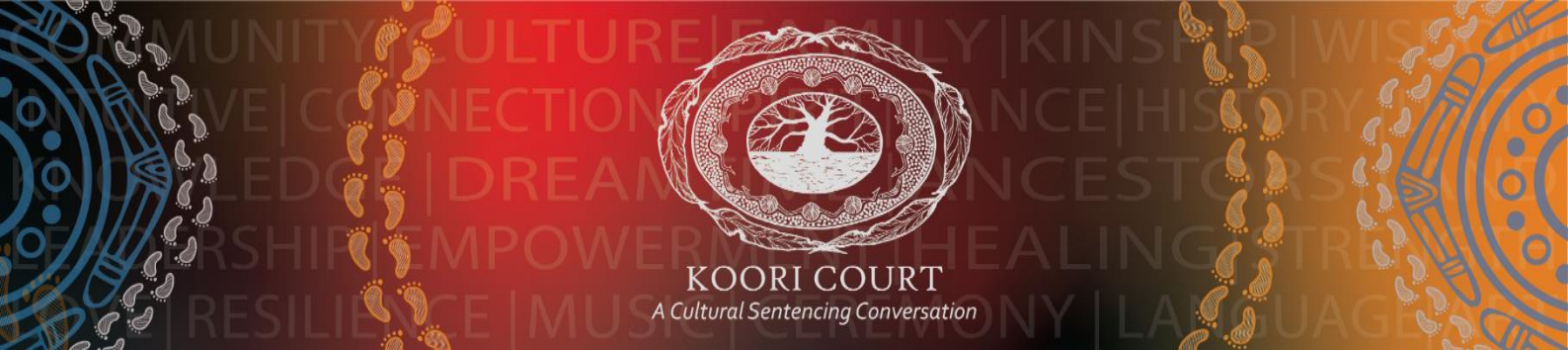
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Applicant's Family Information

Applicant's Family	Name/Tribe/Clan
Mother	
Father	
Maternal Grandmother	
Maternal Grandfather	
Paternal Grandmother	
Paternal Grandfather	

Further Information

Connection to culture
Does the applicant have a connection to culture and/or to community?
Underlying issues
Drug and Alcohol (current and previous) <i>Please provide the name of the services and workers.</i>
Housing <i>Details on current housing arrangement i.e., homeless, renting, public housing, assisted living.</i>
Employment (current and previous) <i>Employment history (position, length of employment etc.). Please include the details of any Centrelink benefits.</i>
Mental Health / Cognitive Impairment <i>Advise if the applicant has been diagnosed with a mental health condition or cognitive impairment and if they are currently receiving treatment. Please provide the name of the services, doctors, psychologists, or workers.</i>
Other Issues <i>Advise if the applicant has other underlying issues (i.e., past trauma, grief and loss, exposure to family violence)</i>
Does the applicant wish to be put confidentially in contact with a family violence service? <input type="checkbox"/> Yes <input type="checkbox"/> No



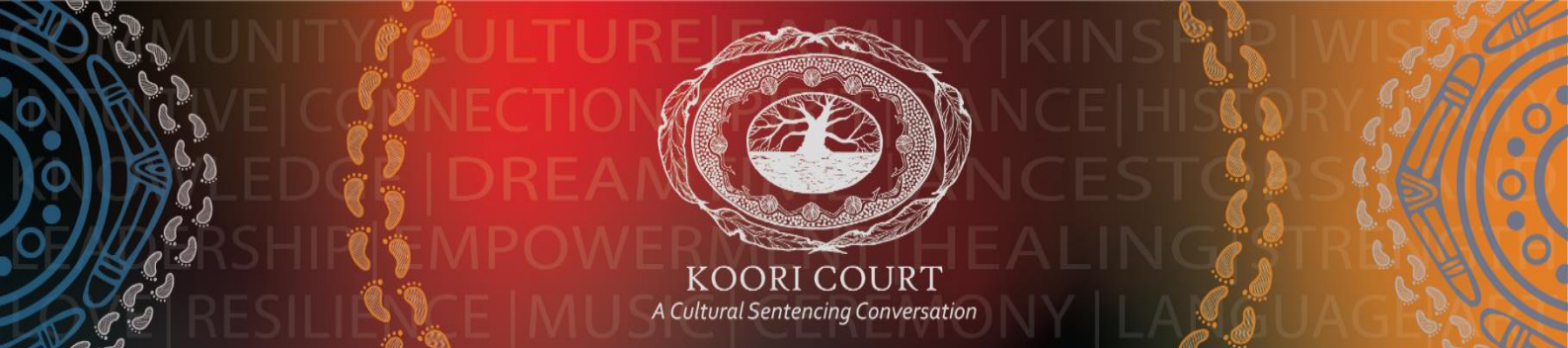
Applicant's Current Matters

Has there been a Summary Case Conference conducted? ('SCC')	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes – When: Prosecutor: Location:
Outcome of SCC: (Tick all applicable options)	<input type="checkbox"/> All matters resolved; <input type="checkbox"/> Charges and summaries agreed; and <input type="checkbox"/> Briefs obtained <input type="checkbox"/> Other:
Are there any matters outstanding? <i>i.e., Warrants and possible CCO and ADJ breaches.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: * If you want to proceed- abridgement request must be completed within 7 days.

Matters Referred

Case number	Charges	Informant	Notes: <i>i.e., charges w/d, summaries amended</i>

More information attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Certification of Readiness

IMPORTANT – by submitting this referral form you are certifying that all matters have been resolved, all briefs have been obtained and the matter is ready to proceed on the allocated Koori Court date.

Legal Representative/ Applicant's Name:		Prosecutor Name:	
Signature:		Signature:	
Date:	/ /	Date:	/ /

Please attach:

- ☐ Confirmation of Aboriginality *(if unavailable please contact the Koori Court Officer)*
- ☐ Briefs of evidence, summaries and/or charge sheets
- ☐ Supporting documents relevant to the Koori Court proceedings. *(i.e., Assessments, reports, and letters.)*
- ☐ Other: _____

OFFICE USE ONLY (FOR KOORI COURT OFFICER)

Date received:	
Date of Koori Court Hearing:	
Received by:	Koori Court Officer name: