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| **NEW PARTICIPANT****BACKGROUND INFORMATION** |  | **Magistrates’ Court****of Victoria** |  | **ARC List Registrar Ph: 9628 7838****ARC List Registrar Fax: 9628 7977****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?** | NoneCCOIVO | [ ] [ ] [ ]  Respondent[ ]  Applicant | Suspended sentenceParoleParole 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 Program Manager, ARC List on 9628 7838 or 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** |