**ARC Referral Form**

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| **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\*** |[ ]  **Yes** |[ ]  **No** |

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| **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:** | Click or tap to enter a date. |

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| **Client Status \*** |
| **IN CUSTODY:** |  [ ]  | Prison location: |   |  **ON BAIL:** |[ ]  **ON SUMMONS:** | [ ]  |

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| **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 |

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| **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?** |   |

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| **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)** |   |

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| **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)**  |   |

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| **Background Information \*** |
| Yes [ ] No [ ] Unknown [ ]  |  **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?** |
| [ ]  |  **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) |  |

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| **Mandatory Documents** |
| **Remand summary** | [ ]  | **Prior criminal history** | [ ]  | **Professional reports** (If Available) | [ ]  |

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| **Related Documents** |
|  **CMI Forensicare/MHARS** | [ ]  |  **CCO contravention reports** | [ ]  |

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| **Comments** |
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