**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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