**CISP 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:** |   |

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

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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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