

# CISP Referral Form

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 <input type="checkbox"/> No <input type="checkbox"/>

Referrer information			
REFERRED BY*			
NAME OF REFERRER*			
Is the legal representative aware of this referral?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NAME OF LEGAL REFERRER (If not referrer)			
REPRESENTATIVE PHONE:		REPRESENTATIVE EMAIL:	
CURRENT/ALLEGED CHARGES:			
COURT LOCATION*			
NEXT HEARING DATE*		NEXT HEARING TYPE:	

Client Status*			
IN CUSTODY:	Prison location:	ON BAIL:	ON SUMMONS:

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)			

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)				

Background Information *					
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?	Yes No Unknown
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)					



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

Related Documents			
CMI Forensicare/MHARS		CCO contravention reports	

Comments: