QUEENSLAND COURTS

Stream 1 Referral Form (Printable)

Sexual Offence Expert Evidence Panel

NB: The information provided in this referral form will be used by the Program Team to match the referral to a Panel expert and for associated purposes such as pre-empting the need to engage an interpreter for required interviews or assessments.

Once matched with a Panel expert, you as the requesting party will be required to provide the expert with detailed instructions, information, and other material relevant to their assessment, report or testimony.

The Panel expert's written report will be given directly to the requesting party and will not be provided to Program Team or any third party (noting that the Program Team may request copies of deidentified reports for quality assurance purposes).

1. Details of the person making this Referral

Name

Email

Contact phone number *(In case we need to contact you to check any details)*

2. Role in the proceeding (Please choose from the below options): *(What organisation do you represent or are you representing yourself?)*

- ☐ Defence
- ☐ ODPP
- ☐ QPS
- ☐ Judge/Court ordered
- ☐ Self-represented
- ☐ Other (please specify)

3. Will the expert be required to comment on the defendant's cognitive or mental health impairment at the time of the offence?

- ○ Yes
- ○ No
- ○ Unsure

4. Is the offence(s) to which the referral relates any of the below? (Please tick all relevant charges) *(Please choose from the options provided – if none of them match the charges – select "None")*

- ☐ Rape
- ☐ Attempt to commit rape
- ☐ Assault with intent to commit rape
- ☐ Sexual assault
- ☐ None

5. Was the offence/one of the offences committed wholly after **23 September 2024**?
(This is to make sure the offence(s) falls within the scope of the Program)

- ◯ Yes
- ◯ No
- ◯ Unsure

6. Could you please provide the date of offence(s) and details of the offence(s)

7. Where is the offence(s) being heard? *(What city/town is the courthouse located)*

- ◯ Brisbane
- ◯ Townsville
- ◯ Other

8. If Other, please specify below

9. What Court is the offence(s) being heard in?

- ◯ Supreme Court
- ◯ District Court
- ◯ Magistrates Court
- ◯ Childrens Court of Queensland
- ◯ Childrens (Magistrates) Court
- ◯ Unsure

10. Defendant's full name (Surname, first names) *(This is to correctly identify the matter and defendant involved and identify any conflicts of interest)*

11. Defendant's Date of Birth (DOB)*(Part of the identifying process)*

12. Does the defendant identify as an Aboriginal and/or Torres Strait Islander person? Please choose from the below options:

- ◯ Aboriginal
- ◯ Torres Strait Islander
- ◯ Both
- ◯ No
- ◯ Unsure

13. Is the Complainant over 18 years old?

- ◯ Yes
- ◯ No

14. If the Complainant is over 18 years old, please provide their name and date of birth (if known)

15. For expert opinion as to impairment - what disability is being evaluated? *(The disability or impairment of the Defendant to be assessed by the Expert Panel member).*

- ☐ Cognitive impairment disease
- ☐ Acquired brain injury
- ☐ Comorbidity
- ☐ Intellectual disability
- ☐ Borderline intellectual functioning
- ☐ Dementia
- ☐ Autism spectrum disorder
- ☐ Affective disorder
- ☐ Anxiety disorder
- ☐ Psychotic disorder
- ☐ Substance induced mental disorder
- ☐ Drug or alcohol related damage eg: Fetal alcohol spectrum disorder (FASD)
- ☐ Unsure
- ☐ Other (Please specify)

16. For expert opinion as to impairment, has a diagnosis already been made? *(Has there already been a diagnosis made by another Professional)*

- ◯ Yes
- ◯ No
- ◯ Unsure

17. If you answered Yes to Q16, please provide further information about this diagnosis

18. Please specify the area of expertise/type of specialist you think you require *(If you are unsure, our Program Team will evaluate this for you)*

- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Neuropsychologist
- ☐ Other (Please specify)

☐ Unsure

19. For the interview with the Expert Panel member, is a support person, carer or cultural representative required?

- ◯ Yes
- ◯ No
- ◯ Unsure

20. What country was the defendant born in? *(For statistical purposes)*

- ◯ Australia
- ◯ Other, (please specify)
- ◯ Unsure

21. Does the defendant speak a language other than English at home?

- ◯ No, English only
- ◯ Yes, Other (please specify)
- ◯ Unsure

22. Is an interpreter required? *(Does the Defendant need an interpreter for better understanding? Is English their second language?)*

- ◯ Yes
- ◯ No
- ◯ Unsure

23.If yes, what language? *(Please specify a language other than English. This includes Auslan for hearing impaired persons)*.

24. Have you (the requesting party) engaged an interpreter for the defendant?

- ◯ Yes
- ◯ No

Please provide their Name, Employer, Qualifications/ Accreditations

25. Is the defendant currently being held on remand in a correctional/youth detention facility? *(Is the Defendant in prison or some other Detention facility?)*

- ◯ Yes
- ◯ No
- ◯ Unsure

26. If **Yes**, please provide the name and location of the prison or detention facility.

27. Does the Defendant have any other additional needs? *(Please provide as much detail as possible about strategies that could be utilised to encourage the defendant's engagement with the expert)*

When you have completed the form,
scan or save, and email to SDLCS.EEP@justice.qld.gov.au

OR

post to:

ATTN: EEP Team
QEII Courts of Law Complex
PO Box 15167
City East QLD 4002

For any issues or inquiries relating to the form, contact the Team at SDLCS.EEP@justice.qld.gov.au or (07) 3564 7748