

Interpreter Required   
 Language: \_\_\_\_\_  
 Wheelchair access required

Order \$ \_\_\_\_\_  
 Length: \_\_\_\_\_ month/s

Diversion Ref. No. \_\_\_\_\_

Court Location \_\_\_\_\_

**COURT DIVERSION PROGRAM ELIGIBILITY ASSESSMENT**

**Defendant's Details:**

Surname: ..... Given name(s): ..... M  F

Address: .....

Email address: .....

Telephone No: ..... Do you want to receive a reminder text? YES  NO

D.O.B: ..... / ..... / ..... P.O.B: .....  JUVENILE

Identifies as:  Aboriginal  Torres Strait Islander

**Eligibility:**

- The defendant must have been charged with one or more of the following offence/s:
  - s.9 (Possess dangerous drug)  s.10 (4) (Fail to take reasonable care)
  - s.10 (1) (Possess things)  s.10 (4A) (Fail to dispose)
  - s.10 (2) (Possess utensil)

Offence/s Date: ..... Offence/s Suburb: .....
- Charged with possessing a small amount of an illicit drug under s.9 of the *Drugs Misuse Act 1986*: YES  NO   
**Drug Type/s:** ..... **Amount:** .....  
N.B. For prescribed drug types and quantities refer to Schedule 1 of the *Penalties and Sentences Regulation 2005*
- Admits guilt to the offence/s: YES
- Has previously been convicted of a disqualifying offence or has a disqualifying offence pending in a court. A disqualifying offence is an offence of a sexual nature; offence against s.5, s.6, s.8 or s.9 dealt with on indictment of the *Drugs Misuse Act 1986*; or an indictable offence involving violence excluding s.335, s.340(a) or s.340(b) of the *Criminal Code*. YES  NO  If yes, provide details .....

**If the offender answers YES to question 4 they are INELIGIBLE for a Drug Assessment and Education Session**

**Diversion Status:** (The Diversion Coordination Service will provide this information)

Previous police diversion YES  NO  Completed  Not Completed  .....

Previous court diversion YES  NO  Completed  Not Completed  .....

**The above named offender is ELIGIBLE for a Drug Assessment and Education Session**

Drug Assessment and Education Session Provider: .....

Place: .....

Day: ..... Date: ..... Time: ..... am / pm

**The offender is INELIGIBLE for the following reason/s:** .....

**Defendant's Consent:**

I have had the Drug Assessment & Education Session explained to me and I agree to attend the session arranged on my behalf. I also agree to notify the **Diversion and Referral Services (3836 0677)** if, for any reason beyond my control, I am unable to attend the Drug Assessment & Education Session.

I understand that the Department of Justice and Attorney-General is collecting my personal information on this form to assess my eligibility to participate in a Court Diversion Program under the *Penalties & Sentences Act 1992*. It is the department's usual practice to disclose this information to the Diversion Coordination Service as part of the program to obtain the Drug Assessment & Education Session venue and date.

I authorise the relevant Drug Assessment & Education Session Provider to disclose to the Diversion and Referral Services in Brisbane information about my:

- (i) attendance at and completion of the program; or
- (ii) failure to attend or complete the program, if I fail to attend or complete the program.

Defendant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part A – To be completed by Legal Representative

Part B – To be completed by Registrar

Part C – To be signed by Defendant