

Interpreter Required
 Language: _____
 Wheelchair access required

Order \$ _____
 Length: _____ month/s

Diversion Ref. No. _____

Court Location _____

COURT DIVERSION PROGRAM ELIGIBILITY ASSESSMENT

Part A – Legal Representative to complete

Defendant's Details:

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

Address: _____ Postcode: _____

Email address: _____

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

Date of birth: ____/____/____ Place of birth: _____ JUVENILE

Identifies as: Aboriginal Torres Strait Islander

Eligibility:

1. Admits guilt to the offence/s: YES
2. 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: _____
3. Charged with possessing an eligible amount of an illicit drug under s. 9 of the *Drugs Misuse Act 1986*: YES NO
For prescribed drug types and quantities refer to Schedule 1 of the Penalties and Sentences Regulation 2005
 Drug Type/s: _____ Amount: _____
4. Has a pending or has previously been convicted of a disqualifying offence YES NO
 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*.
If the offender answers YES to question 4 they are INELIGIBLE for a Drug Assessment & Education Session

Part B – Court Officer to complete

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

The session will be conducted: in person by phone - **you** must phone (not available in all locations)

Drug Assessment and Education Session Provider: _____

Address/Phone: _____

Day: _____ Date: ____/____/____ Time: _____ am / pm

The offender is INELIGIBLE for the following reason/s: _____

Part C – To be signed by Defendant

Defendant's Consent:

The Court Diversion process has been explained to me and I agree to attend the session arranged on my behalf. I also agree to notify **Referral and Support Services by telephone on (07) 3738 7100** if, for any reason beyond my control, I am unable to participate in, and complete, the 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*. The Department will also use de-identified personal information for statistical purpose to measure the effectiveness of the Court Diversion program. 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 Referral and Support Services information about my:
 (i) participation, and completion of the session; or
 (ii) failure to participate, and complete the session.

Defendant's signature: _____ Date: ____/____/____