

Interpreter required

Language: \_\_\_\_\_

Wheelchair access required

Bail – Adj. Date: / /

Recognisance  
Amount: \$

Length: \_\_\_\_\_ month/s

Stated date: / /

Referral number  
**DC**

Court location

MAG- \_\_\_\_\_ / \_\_\_\_ (\_\_\_\_)

## Drug and Alcohol Assessment Referral (DAAR) Form

*Bail Act 1980 – Section 11AB  
Penalties and Sentences Act 1992 – Section 19(1)(b)&(2B)*

### Defendant's Details:

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_ M  F

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

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

D.O.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth: \_\_\_\_\_

Identifies as:  Aboriginal  Torres Strait Islander

### Suitability:

1. Was your alcohol and/or drug use directly associated with your offending behaviour? YES  NO
2. Do you currently have pending, or have you previously been convicted of, an offence of a sexual nature or an offence involving violence (excluding s335, s340(1)(a) or s340(1)(b) of the *Criminal Code Act 1899*)?  
**If you answer "YES" your DAAR course will be conducted by telephone** YES  NO

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

Previous DAAR course YES  NO  If yes, dates of courses completed \_\_\_\_\_

**Note: The defendant is INELIGIBLE if they have completed two (2) DAAR courses within the previous 5 years**

The abovenamed defendant is  ELIGIBLE  NOT ELIGIBLE

The DAAR course will be conducted:  in person  by phone - **you** must phone

DAAR Course Provider: \_\_\_\_\_

Address/Phone No.: \_\_\_\_\_

Day: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

### Defendant's Consent:

The DAAR process has been explained to me and I agree to attend the course 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 DAAR course.

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 DAAR course under the *Bail Act 1980* or the *Penalties and Sentences Act 1992*. The Department will also use de-identified personal information for statistical purposes to measure the effectiveness of the DAAR program. It is the department's usual practice to disclose this information to the DAAR Coordination Service as part of the program to obtain the DAAR course venue and date.

I authorise the relevant DAAR course provider to disclose to Referral and Support Services information about my:

- (i) participation, and completion of the course; or
- (ii) failure to participate, and complete the course.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COPY TO DEFENDANT, ORIGINAL TO THE COURT AND EMAIL COPY TO DAAR@justice.qld.gov.au

Part A – Legal Representative to complete

Part B – Court Officer to complete

Part C – To be signed by Defendant