

Form 1 – Referral form

Court Link is a bail-based program providing short-term, individualised assistance to defendants based on their assessed levels of risk and need. Case management and/or referral to community support is provided for needs such as substance use, mental illness, homelessness and any other issues.

Defendant's Details

Surname	<input type="text"/>	Name/s	<input type="text"/>
Date of Birth	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described <input type="text"/>
Address	<input type="text"/>		
Home Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Court Matters

Court Location:	<input type="text"/>	Next court date:	<input type="text"/>
-----------------	----------------------	------------------	----------------------

Referrer's Details

Client referred by:	<input type="checkbox"/> Legal representative	<input type="checkbox"/> Police	<input type="checkbox"/> Self-referred
<input type="checkbox"/> Magistrate	Other:	<input type="text"/>	
Organisation/agency/firm (if applicable)	<input type="text"/>		
Phone:	<input type="text"/>	Email	<input type="text"/>

Referral Information

Is the client aware of this referral?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Not Sure
Have you referred the client elsewhere eg. another court program or support service?	<input type="checkbox"/> NO	YES to:	<input type="text"/>
Does this client identify as (pick one):	<input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither Aboriginal and Torres Strait Islander <input type="checkbox"/> Not stated/unknown		
Is an interpreter required?	<input type="checkbox"/> NO	YES for:	<input type="text"/>
Is the person currently:	<input type="checkbox"/> In custody at: <input type="text"/>	<input type="checkbox"/> On bail	<input type="checkbox"/> Neither
How long are they in custody for?	<input type="text"/> days/months/years	<input type="checkbox"/> Unknown	

Form 1 – Referral form

Current charges:

Does the person have charges in any other courts?

☐

NO

☐

YES at :

Does the person have any:

☐

Current DVOs as the aggrieved

☐

Current DVOs as the respondent

☐

Former DVOs

☐ Current DVO applications as the aggrieved

☐

Current DVO applications as the respondent

☐

Not sure

Does the person have any current orders in place?

☐

Intensive Correction Order

☐

Parole order

☐

Probation order

☐ Forensic order/treatment authority

☐

DVO

☐

Other:

Does the client have any breaches for an order pending?

☐

NO

☐

Yes for:

To your knowledge, does the person have a history of violent or sexual offending?

☐

NO

☐

YES

What issues or problems are/may be associated with this person?

☐

Illicit drugs/alcohol

☐

Physical health issues

☐

Mental illness/other mental disorder

☐

Suicidal ideation or self-harm

☐

Intellectual disability

☐

ABI/cognitive impairment

☐ Physical disability

☐

Domestic and family violence

☐

Problem gambling

☐

Long-term accommodation

☐ Homelessness

☐

Anger/conflict management

☐

Other:

Any other comments/information

CHECKLIST: Have you attached:

☐

the defendant's QP9s

☐

copies of any current orders

☐

the defendant's criminal and traffic history

☐

any other relevant documents (e.g. EPOAs, etc)?

Name of referrer

Signed

Date

When you have completed the form, please click the relevant site below to create a referral email

For more site contact details, please visit our website at: <https://www.courts.qld.gov.au/services/court-programs/court-link>

Internal use only

Court link number

Received:

Allocated to: