

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="radio"/> Male <input type="radio"/> Female <input type="radio"/> X
Address	<input type="text"/>		
Home Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Court Matters

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

Referrer's Details

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

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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

Please return this form to the relevant location

Brisbane.courtlink@justice.qld.gov.au, Ipswich.courtlink@justice.qld.gov.au, Cairns.courtlink@justice.qld.gov.au, Southport.courtlink@justice.qld.gov.au, Maroochydore.courtlink@justice.qld.gov.au, Redcliffe.courtlink@justice.qld.gov.au, Caboolture.courtlink@justice.qld.gov.au, Mountisa.courtlink@justice.qld.gov.au, Pinerivers.courtlink@justice.qld.gov.au

Internal use only

Court link number

Received:

Allocated to: