

# Referral Form (Printable)

## Sexual Offence Expert Evidence Panel

**NB: The information provided in this referral form will be used by the Program Team to match the referral to a Panel expert and for associated purposes such as pre-empting the need to engage an interpreter for required interviews or assessments.**

**Once matched with a Panel expert, you as the requesting party will be required to provide the expert with detailed instructions, information, and other material relevant to their assessment, report or testimony.**

**The Panel expert's written report will be given directly to the requesting party and will not be provided to Program Team or any third party (noting that the Program Team may request copies of deidentified reports for quality assurance purposes).**

### 1. Details of the person making this Referral

Name

Email

Contact phone number *(In case we need to contact you to check any details)*

### 2. Role in the proceeding (Please choose from the below options): *(What organisation do you represent or are you representing yourself?)*

Defence

ODPP

QPS

Judge/Court ordered

Self-represented

Other (please specify)

### 3. Will the expert be required to comment on the defendant's cognitive or mental health impairment at the time of the offence?

Yes

No

Unsure

4. Is the offence(s) to which the referral relates any of the below? (Please tick all relevant charges) *(Please choose from the options provided – if none of them match the charges – select “None”)*

Rape

Attempt to commit rape

Assault with intent to commit rape

Sexual assault

None

5. Was the offence/one of the offences committed wholly after **23 September 2024**?  
*(This is to make sure the offence(s) falls within the scope of the Program)*

Yes

No

Unsure

6. Could you please provide the date of offence(s) and details of the offence(s)

7. Where is the offence(s) being heard? *(What city/town is the courthouse located)*

Brisbane

Townsville

Other

8. If Other, please specify below

9. What Court is the offence(s) being heard in?

Supreme Court

District Court

Magistrates Court

Childrens Court of Queensland

Childrens (Magistrates) Court

Unsure

10. Defendant's full name (Surname, first names) *(This is to correctly identify the matter and defendant involved and identify any conflicts of interest)*

11. Defendant's Date of Birth (DOB) *(Part of the identifying process)*

12. Does the defendant identify as an Aboriginal and/or Torres Strait Islander person? Please choose from the below options:

Aboriginal

Torres Strait Islander

Both

No

Unsure

13. Is the Complainant over 18 years old?

Yes

No

14. If the Complainant is over 18 years old, please provide their name and date of birth (if known)

15. For expert opinion as to impairment - what disability is being evaluated? *(The disability or impairment of the Defendant to be assessed by the Expert Panel member).*

Cognitive impairment disease

Affective disorder

Acquired brain injury

Anxiety disorder

Comorbidity

Psychotic disorder

Intellectual disability

Substance induced mental disorder

Borderline intellectual functioning

Drug or alcohol related damage eg:  
Fetal alcohol spectrum disorder (FASD)

Dementia

Unsure

Autism spectrum disorder

Other (Please specify)

16. For expert opinion as to impairment, has a diagnosis already been made? *(Has there already been a diagnosis made by another Professional)*

Yes

No

Unsure

17. If you answered Yes to Q16, please provide further information about this diagnosis

18. Please specify the area of expertise/type of specialist you think you require *(If you are unsure, our Program Team will evaluate this for you)*

# Psychiatrist

Unsure

## Psychologist

## Neuropsychologist

Other (Please specify)

19. For the interview with the Expert Panel member, is a support person, carer or cultural representative required?

Yes

No

Unsure

20. What country was the defendant born in? *(For statistical purposes)*

## Australia

Other, (please specify)

Unsure

21. Does the defendant speak a language other than English at home?

No, English only

Yes, Other (please specify)

Unsure

22. Is an interpreter required? (Does the Defendant need an interpreter for better understanding?  
Is English their second language?)

Yes

No

Unsure

23.If yes, what language? *(Please specify a language other than English. This includes Auslan for hearing impaired persons).*

24. Have you (the requesting party) engaged an interpreter for the defendant?

Yes

No

Please provide their Name, Employer, Qualifications/ Accreditations

25. Is the defendant currently being held on remand in a correctional/youth detention facility? *(Is the Defendant in prison or some other Detention facility?)*

Yes

No

Unsure

26. If **Yes**, please provide the name and location of the prison or detention facility.

27. Does the Defendant have any other additional needs? *(Please provide as much detail as possible about strategies that could be utilised to encourage the defendant's engagement with the expert)*

When you have completed the form, please do one of the following:

Use the SUBMIT button at the bottom of this page	Scan and email to SDLCS. EEP@justice.qld.gov.au	Post the completed form to: ATTN: EEP Team QEI Courts of Law Complex PO Box 15167 City East QLD 4002
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For any issues or inquiries relating to the form, contact the Team at  
SDLCS.EEP@justice.qld.gov.au or (07) 3564 7748