## **COURTS**

## **Stream 2 Referral Form (Printable)**

Sexual Offence Expert Evidence Panel

ert. ctions,

or any

Once matched with a Panel expert, you as the requesting party will be required to provide the expertwith detailed instruinformation, 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 notbe provided to Program Team third party (noting that the Program Team may request copies of deidentified reports for quality assurance purposes).
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?)
ODPP
QPS
Defence
Self-represented Defendant
Other (please specify)

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3. Is the offence(s) to which the referral relates any of the below? (Please tick all relevant charges or if none of them match, select "None") Rape Attempt to commit rape Assault with intent to commit rape Sexual assault Indecent treatment of children under 16 Engaging in penile intercourse with child under 16 Abuse of persons with an impairment of the mind Procuring young person etc. for penile intercourse Procuring sexual acts by coercion Using internet etc. to procure children under 16 Grooming child under 16 years or parent or carer of child under 16 years Taking a child for immoral purposes Conspiracy to defile Incest Repeated sexual conduct with child Failure to protect child from child sexual offence Permitting young person etc. to be at a place used for prostitution Offences relating to intimate images; visual recordings or child exploitation material (Please specify) Other offence(s) in Chapter 22 (Offences against morality) in the

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Criminal Code (Please specify)

None

4.	Wł	nat Court is the offence(s) being heard in?
		Supreme Court
		District Court
		Magistrates Court
		Childrens Court of Queensland
		Childrens (Magistrates) Court
		Unsure
5.	Wł	nere is the offence(s) being heard?(What city/town is the courthouse located)
		Brisbane
		Townsville
		Caboolture
		Cleveland
		Redcliffe
		Other (please specify)
Ju	stice	the originating step (arrest of the defendant, the making of a complaint under the es Act 1886 or the serving of a notice to appear) occur on or after the 20 September (This is to make sure the offence(s) falls within the scope of the Program)
		Yes
		No
		Unsure
7.	Ple	ease provide the date and details of the offence(s):

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8.Please provide information about upcoming court dates
9. What was the complainant's age at the time of the offence?
10. Is the complainant currently over 18 years old?
Yes
No
11. If the complainant is over 18 years old, please provide their name and date of birth (if known).
12. If the complainant is under 18 years of age, please specify their current age?
13. Does the complainant identify as Aboriginal or Torres Strait Islander? Please choose from the below options:
Aboriginal
Torres Strait Islander
Both
No
Unsure
14. What country was the complainant born in?
Australia
Other (please specify)
Unsure

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	endant's full name (Surname, first names)(This is to correctlyidentify the matter dant involved and assist in identifying any conflicts of interest)
16. Defe	ndant's Date of Birth (DOB) (Part of the identifying process)
	the defendant identify as Aboriginal or Torres Strait Islander? Please choose below options:
	Aboriginal
	Torres Strait Islander
	Both
	No
	Unsure
evidence i	ou know what type of counterintuitive evidence is required? Counterintuitive expert s general educative evidence given by an expert about the nature of sexual offences and the rechological and cultural factors that may affect the behaviour of a complainant.
	Yes
	No
•	answered "Yes" to question 17, what type of counterintuitive evidence is consider the following list):
	Delay in making a complaint
	Maintaining contact with the defendant
	Impact of trauma on memory
	Freezing or not resisting the act
	Other

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## 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 QEII 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