

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)(2B)*

### Defendant's Details:

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

Address: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

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

Identifies as:  Aboriginal  Torres Strait Islander

### Suitability:

- Was the defendant 18 years or over at the time of the offence? YES  NO   
*Note: If you have answered "no" to question 1, a DAAR course condition can only be imposed subject to a Recognisance Order pursuant to s.19(1)(2B) of the Penalties and Sentences Act 1992*
- Was your alcohol and/or drug use directly associated with your offending behaviour? YES  NO
- Do you currently have pending, or have you previously been convicted of, an offence of a sexual nature or an offence involving violence (excluding s.335, s.340(a) or s.340(b) of the *Criminal Code Act 1899*)? YES  NO   
*Note: If you have answered "yes" to question 3, a DAAR course will be conducted by telephone.*

- DAAR Coordination Service will advise the following:  
Previous DAAR course YES  NO  If yes, dates of courses completed \_\_\_\_\_  
*Note: The defendant is ineligible for the DAAR session, if they have completed two (2) DAAR sessions within the previous 5 years.*

The abovenamed defendant is  **Eligible**  **Not eligible** to complete a DAAR course.

If eligible, DAAR course to be conducted  In person  Telephone

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

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

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Defendant's Consent:** The DAAR process has been explained to me and I agree to attend the session arranged on my behalf. I also agree to notify the DAAR office by telephone on **(07) 3836 0677** prior to the scheduled session if, for any reason beyond my control, I am unable to attend the DAAR session.

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 session under either the *Bail Act 1980* or the *Penalties and Sentences Act 1992*. 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 session venue and date.

I authorise the relevant DAAR session provider to disclose to the DAAR office in Brisbane information about my:

- attendance at and completion of the program; or
- failure to attend or complete the program, if I fail to attend or complete the program.

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

**A COPY TO BE GIVEN TO THE DEFENDANT, ONE TO THE COURT, AND EMAIL A COPY TO THE DIVERSION & REFERRAL SERVICES OFFICE - DAAR@justice.qld.gov.au**

Part A – Legal Representative to complete

Part B – Court Office to complete

Part C – To be signed by Defendant