

# DRUG AND ALCOHOL DIVERSION

## Referral Form

Referral to Illicit Drugs Court Diversion Program (CDP) or Drug and Alcohol Assessment and Referral (DAAR)

Eligibility for CDP requires a plea of guilty to eligible offences you are appearing for.


Eligibility for DAAR requires acknowledging a link between drug/alcohol use and offences you are appearing for.

### Section 1 – Defendant’s details and eligibility


Defendant or Representative to complete




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


 Gender:  Male  Female  Self-described \_\_\_\_\_


 Date of birth: \_\_\_/\_\_\_/\_\_\_  Country of birth: \_\_\_\_\_

 Phone: \_\_\_\_\_ @ Email: \_\_\_\_\_

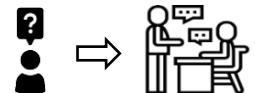
 Address: \_\_\_\_\_

I identify as:  Aboriginal   Torres Strait Islander   
 Both Aboriginal and Torres Strait Islander   
 Neither Aboriginal or Torres Strait Islander  
 Other (specify ethnicity/heritage e.g. Dutch, Chinese) \_\_\_\_\_

 Supports/accessibility you require (language, mobility, communication)  Nil

  Yes - advise details of your requirements. If language based, advise dialect

### ELIGIBILITY - If you need help completing this part, visit the Registry



**Q1** Are you charged with one or more of the following offences (*Drugs Misuse Act 1986*):

- s9: Possess dangerous drugs, with a quantity *less* than the quantity listed in Schedule 1 (see registry for list)
- s10(1): Possess things
- s10(2): Possess utensil
- s10(4A): Fail to dispose
- s10(4): Fail to take reasonable care

Yes  
**Go to Q2**

No  Information unavailable  
**Go to Q4**

**Q2** Have you been given two diversion sessions before (Court or Police Ordered)?

Yes  
**Go to Q4**

No  
**Go to Q3**

**Q3** Do you have pending, or previous convictions for an offence of a sexual nature; or an **indictable** offence involving violence (excluding the following in the *Criminal Code 1899*):

- s335: Common Assault
- s340 Serious Assaults (a)
- s340 Serious Assaults (b) *or*

pending, or previous convictions for an offence in the *Drugs Misuse Act 1986* dealt with on **indictment**:

- s5: Trafficking in dangerous drugs
- s6: Supplying dangerous drugs
- s8: Producing dangerous drugs
- s9: Possessing dangerous drugs

Yes  
**Go to Q4**

No  
**Eligible for CDP**  
Take this form to Registry

**Q4** Are you 18 years of age or over?

Yes  
**Go to Q5**

No  
**Not eligible for CDP or DAAR**

**Q5** Have you been given two DAAR sessions in the last five years?

Yes  
**Not eligible for CDP or DAAR**

No  
**Eligible for DAAR**  
Take this form to Registry

## Section 2 – Defendant’s disclosure and consent

Defendant to complete

Do you currently have pending, or have you previously been convicted of, an offence of a sexual nature or an offence involving violence (excluding s335, s340(1)(a) or s340(1)(b) of the Criminal Code Act 1899)? If you answer ‘yes’ you may be required to complete your course by telephone.  Yes  No

I would prefer to attend the session  In person  By phone – you must phone the session provider

I confirm:

- the referral process has been explained to me and I agree to attend the session arranged on my behalf.
- I understand the Queensland Government is collecting my personal information on this form to assess my eligibility to participate in DAAR or CDP under the *Penalties and Sentences Act 1992* and the *Youth Justice Act (1992)* for people under 18 years of age.
- I understand the Queensland Government will also use the de-identified personal information on this form for statistical purposes to report on and measure the effectiveness of the DAAR and Court Diversion programs.
- I understand information provided in this form will be disclosed to the Diversion Coordination Service to schedule the session, and the health service provider to provide the session.
- I authorise the relevant alcohol and other drug session provider to disclose to Queensland Government information about my participation and completion of the session, or failure to participate in and complete the session.

Defendant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 3 – Program details

Court Officer to complete

The above-named person is eligible for and consents to participate in  CDP  DAAR

Contact Diversion Coordination Service to schedule an appointment for defendant. Record session details below.

The session will be conducted:  in person  by phone – defendant must phone the session provider

Session provider: \_\_\_\_\_

Session address/phone: \_\_\_\_\_

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

Diversion reference number: \_\_\_\_\_ Court Location: \_\_\_\_\_

If, for any reason beyond your control, you are unable to attend and complete your session, you must contact Referral and Support Services by telephone on (07) 3738 7100 to discuss your options.

**Court Officer** - Defendant must receive copy, original to court & email copy to [Courtdiversion@justice.qld.gov.au](mailto:Courtdiversion@justice.qld.gov.au)  
Please scan double-sided