

*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"/> Self-described
Address	<input type="text"/>		
Home Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

### Court Matters

Court Location:	<input type="text"/>	Next court date:	<input type="text"/>
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### 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	<input type="radio"/> Torres Strait Islander but not Aboriginal	
<input type="radio"/> Both Aboriginal and Torres Strait Islander	<input type="radio"/> Neither Aboriginal and Torres Strait Islander	<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

## Form 1 – Referral form

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

Presenting need areas

Accommodation

Substance use

Domestic and family violence

Employment

Education

Relationships

Finances

Mental health

General health

Intellectual disability /  
ABI / cognitive impairment

Culture

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

**When you have completed the form, please click the relevant site below to create a referral email**

Brisbane

Cairns

Ipswich

Mount Isa

Redcliffe

Southport

Caboolture

Holland Park

Maroochydore

Pine Rivers

Rockhampton

For more site contact details, please visit our website at: <https://www.courts.qld.gov.au/services/court-programs/court-link>

### Internal use only

Court link number

Received:

Allocated to:

Reset

Referral form v4

Print