

**ORDER FOR PRE-SENTENCE, SUITABILITY REPORTS AND ABORIGINAL EXPERIENCE REPORTS  
LOCAL COURT**

Sections 35, 45, 79, 103 & 105 *Sentencing Act 1995 (NT)*; PD 7 *Practice Directions*  
Section 28 (5) *Bail Act 1982*

OFFENDER DETAILS		
Name:	DOB: ___/___/___	
File Number/s:		
IJIS Number:	Contact Number:	
Current (or proposed) Address:		
Legal Representative:	Agency:	
Offender location:	<input type="checkbox"/> In custody <input type="checkbox"/> On bail <input type="checkbox"/> Directed to NTCC Courts Officer	
Documents attached:	<input type="checkbox"/> Agreed facts <input type="checkbox"/> Criminal history <input type="checkbox"/> Other documents tendered	
Judge:	Court Location:	
Date of order: ___/___/___	Date report required: ___/___/___	
COURT DETAILS		
The following report is ordered in relation to the offender:		
<input type="checkbox"/> Electronic Monitoring Assessment <b>ONLY</b> for Bail (s 28 (5)) <b>(same day if practicable)</b>		
<input type="checkbox"/> Suitability Report (s 103) <b>(same day if practicable)</b>		
<input type="checkbox"/> Pre-Sentence Report (s 105) <b>(6 weeks return date)</b>		
<input type="checkbox"/> Aboriginal Experience Report for Community Court (s 107B) <b>(4 weeks return date)</b>		
<b>The report shall also address suitability for</b>		
<input type="checkbox"/> <b>CCO</b> <i>Community Correction Order</i>	<input type="checkbox"/> <b>ICCO</b> <i>Intensive Community Correction Order</i>	<input type="checkbox"/> <b>SUSPENDED SENTENCE</b>
<input type="checkbox"/> Supervision by a PPO <input type="checkbox"/> Electronic Monitoring <input type="checkbox"/> Community Work <input type="checkbox"/> Residential Rehabilitation (AOD) <input type="checkbox"/> DFV or Family Violence Program	<input type="checkbox"/> Home Detention (ICCO only) (15 days return) <input type="checkbox"/> Electronic Monitoring <input type="checkbox"/> Community Work <input type="checkbox"/> Residential Rehabilitation (AOD) <input type="checkbox"/> DFV or Family Violence Program	<input type="checkbox"/> Supervision by a PPO <input type="checkbox"/> Electronic Monitoring <input type="checkbox"/> Residential Rehabilitation (AOD) <input type="checkbox"/> DFV or Family Violence Program <input type="checkbox"/> COMMIT
<b>SPECIALIST REPORTS:</b> ( <i>Psychological and Psychiatric Assessments should stipulate areas of concern</i> ): <b>(6 weeks return date)</b>		
<input type="checkbox"/> Psychological assessment <input type="checkbox"/> Psychiatric assessment <input type="checkbox"/> Institutional report		
<b>AREAS OF CONCERN AND ANY ADDITIONAL REQUIREMENTS:</b>		
COURT STAFF USE ONLY - DELIVERY METHOD		
Emailed to Community Corrections/Community Court Registrar on: ___/___/___		
Staff Name:	Signature:	