

# ORDER FOR PRE-SENTENCE, SUITABILITY AND ABORIGINAL EXPERIENCE REPORTS

## LOCAL COURT

Sections 35, 45, 79, 103, 105 & 107B *Sentencing Act 1995* (NT); PD 7 *Practice Directions*

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: ___/___/___	
ORDER		
The following report is ordered in relation to the offender:		
<input type="checkbox"/> Bail Assessment for Electronic Monitoring ( <b>3 days return date</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"/> 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"/> <b>ICCO</b> <i>Intensive Community Correction Order</i> <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"/> <b>SUSPENDED SENTENCE</b> <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:	