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| --- |
| **OFFENDER DETAILS** |
| Name:  | DOB: \_\_\_/\_\_\_/\_\_\_ |
| File Number/s:  |
| IJIS Number:  | Contact Number:  |
| Current (or proposed) Address:  |
| Legal Representative:  | Agency:  |
| Offender location: | [ ]  In custody  | [ ]  On bail  | [ ]  Directed to NTCC Courts Officer |
| Documents attached: | [ ]  Agreed facts [ ]  Criminal history | [ ]  Other documents tendered |
| **Judge:**   | **Court Location:**   |
| **Date of order:**  \_\_\_/\_\_\_/\_\_\_ | **Date report required:**  \_\_\_/\_\_\_/\_\_\_ |
| **ORDER** |
| The following report is ordered in relation to the offender: |
| [ ]  Bail Assessment for Electronic Monitoring **(3 days return date)** |
| [ ]  Suitability Report (s 103) **(same day if practicable)** |
| [ ]  Pre-Sentence Report (s 105) **(6 weeks return date)** |
| [ ]  Aboriginal Experience Report for Community Court (s 107B) **(4 weeks return date)** |
| **The report shall also address suitability for** |
| [ ]  **CCO** *Community Correction Order* | [ ]  **ICCO** *Intensive Community Correction Order* | [ ]  **SUSPENDED SENTENCE** |
| [ ]  Supervision by a PPO[ ]  Electronic Monitoring[ ]  Community Work[ ]  Residential Rehabilitation (AOD)[ ]  DFV or Family Violence Program | [ ]  Home Detention (ICCO only) **(15 days return)**[ ]  Electronic Monitoring[ ]  Community Work[ ]  Residential Rehabilitation (AOD)[ ]  DFV or Family Violence Program | [ ]  Supervision by a PPO[ ]  Electronic Monitoring[ ]  Residential Rehabilitation (AOD)[ ]  DFV or Family Violence Program[ ]  COMMIT |
| **SPECIALIST REPORTS:** (*Psychological and Psychiatric Assessments should stipulate areas of concern):* ***(6 weeks return date)*** |
| [ ]  Psychological assessment | [ ]  Psychiatric assessment | [ ]  Institutional report |
| **AREAS OF CONCERN AND ANY ADDITIONAL REQUIREMENTS:**  |
| **COURT STAFF USE ONLY - DELIVERY METHOD** |
| Emailed to Community Corrections/Community Court Registrar on \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_:  |
| Staff Name:  | Signature: |