|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | |