**Specialist Domestic and Family Violence List Referral Form**

*Pursuant to practice direction 30A-1 of 2020*

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| **Name of respondent:** |
| **Name of victim/s:** |
| **File number:** |
| **Next court date:** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request that my matter be considered for referral to the Specialist Domestic and Family Violence (DFV) List. I understand that the purpose of the Specialist DFV List is to:   * encourage offenders to take responsibility for their offending behaviour; * provide a pathway for suitable offenders to access services which will address their offending behaviour and help them to stop using violence; * provide the opportunity for victims to engage with services which will enhance their safety, in particular during court proceedings and while offenders are undergoing rehabilitation programs; and * resolve domestic violence offence proceedings fairly and expeditiously in accordance with the objectives in s 60AB of the *Local Court (Criminal Procedure) Act 1928.*   and I consent to:   * a referral to the Specialist DFV List at Alice Springs Local Court; * undertake a risk assessment with an assessor from the Men’s Outreach Assessment and Referral Service run by Tangentyere Council; * the court sharing my confidential information with other service providers for the purpose of assessing and/or managing risk resulting from my use of domestic and family violence or to facilitate referral to a service; * engage in a rehabilitation program or programs as ordered by the Court, and * attend review mentions as required by the Court.   I give my consent to the above until such a time as the program is satisfactorily completed, the order is revoked or until I withdraw my consent, whichever occurs first (to withdraw your consent, put your intention to withdraw consent in writing and give to the Alice Springs Local Court Registry).  I understand I will be required to consent to an interim DVO in the terms the court thinks are necessary in order to remain on the Specialist DFV List.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |