**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |