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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:** \_\_\_/\_\_\_/\_\_\_ |
| **COURT DETAILS** |
| The following report is ordered in relation to the offender: |
| [ ]  Electronic Monitoring Assessment **ONLY** for Bail (s 28 (5)) **(same day if practicable)** |
| [ ]  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: |