**Court and Tribunal Services**

**GENERAL COURT INTERVENTION PROGRAM (GCIP) – Referral Form**

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| **Demographic Information** | | | | | |
| Name: |  | | | | |
| Date of Birth: |  | | Reference Number: ***internal use only*** | |  |
| Gender: | Female  Male  Choose not to identify  Other | | | | |
| Ethnicity: | Please Specify: |  | |  | |
| Aboriginal  Torres Strait Islander  Both  Neither | | | | |
| Preferred Language: |  | | | | |
| Interpreter Required:  No  Yes, provide details: | | | | |
| Disability: | No  Yes, provide details: | | | | |
| Current Address: |  | | | | |
| Suburb:       Post Code:        Transient Homeless | | | | |
| Phone Number: |  | | | | |
| Next of Kin Contact: |  | | | | |

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| **Referral Information** | |
| Referrer: | Referred by: |
| Self  Legal Representative  Magistrate  Police GCIP Staff  Other: |
| Referral Date: |  |
| Is the participant aware of this referral? | No  Yes  I am the person being referred (self-referral) |
| In Custody | No  Yes Location: |
| Is an in-custody audio assessment possible?  No  Yes, details: |
| Court Appearance Date |  |
| Plea Entered | No  Yes, Guilty  Yes, Not Guilty |
| Support required in relation to: | Physical or Mental Health concerns |
| Drug and alcohol dependency and misuse issues; |
| Social and economic needs (community relationships, employment, mentoring, etc.) |
| Homelessness |
| Additional comments: |  |