

Form YTO8 Screening Report Template

To:	The Clinical Director Drug and Alcohol Service SA (DASSA)
Request sent to:	Health.DASSAClinicalRecordsRequestforInformation@health.sa.gov.au
Date request sent by Youth Court:	
File details	
File number:	
Full name of child:	
Date of birth:	
Gender:	
Ethnicity:	
Next hearing date:	5 business days after the Directions Hearing
Report required by:	At least 2 business days prior to the next hearing date

Instructions:

The form is to be completed by an appropriately qualified and experienced youth drug addiction health professional in DASSA.

An application has been made for assessment of a child under Part 7A of the *Controlled Substances Act 1984*.

The Court requests that you screen the application and affidavit provided. Please provide advice as to whether the application and affidavit meets the threshold in relation to all requirements of s 54D of the *Controlled Substances Act 1984* within 3 business days of receiving the screening request.

The completed screening report will need to be provided to the Court by emailing youthcourt@courts.sa.gov.au and in the subject line quoting the 'Screening - File number and child's name'.

What documents were considered in forming this view?

Application (YTO1)	[Please include date of application]
Affidavit	[Please include date of affidavit]
Reports (Provided by Youth Court of South Australia)	

54D(1)(a) Habitually using

Is there a reasonable likelihood that the child is habitually using?

Yes/No (Delete one)

Please explain reason for selection:

54D(1)(b) Danger to self or others	
May the child be a danger to themselves or others? Yes/No (Delete one)	Please explain reason for selection:
54D(1)(c) Refusal to voluntarily seek assessment	
Has the child refused to voluntarily seek a relevant assessment? Yes/No (Delete one)	Please explain reason for selection:
54D(1)(d) No other appropriate or less restrictive means	
Is there any other appropriate and less restrictive means available to ensure the child receives a relevant assessment? Yes/No (Delete one)	Please explain reason for selection:
Threshold met or not	
I have formed the view that the application and affidavit meets/ or does not meet (delete one) the threshold in relation to all requirements of s 54D of the <i>Controlled Substances Act 1984</i> .	
Any other relevant information	
Please provide any other relevant information:	

Details of person who completed the Screening Document	
Full Name:	
Title:	
Employment Address:	
Email address:	
Phone Number:	
Date Screening request received by DASSA:	
Date Screening completed and sent to Youth Court of South Australia:	
Signature (include AHPRA number):	
Qualification:	