**Form YAC1 Referral to Youth Aboriginal Community Court Adelaide**

Form YAC1

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| **To be inserted by Court** |  |
| Case Number: Date Filed:FDN: |  |
| **Hearing Date and Time:**  |  |  |
| **Hearing Location:** 75 Wright Street Adelaide |  |  |

**YOUTH ABORIGINAL COMMUNITY COURT ADELAIDE REFERRAL FORM**

YOUTHCOURT OF SOUTH AUSTRALIA

CRIMINAL JURISDICTION

COMMISSIONER OF POLICE

Informant

V

**[Insert Youth Full Name]**

Youth

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| **Instructions:**Please fill in all of the details requested in this form. If any details of a party are unknown, indicate ‘Unknown’ in the appropriate box.For boxes ‘[ ]’, mark ‘X’ in the appropriate box.  |

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| **Applicant**  |
| Name of Applicant | **Full Name**  |
| What type of party are you? | [ ]  Individual[ ]  Organisation[ ]  Regular Party |
| If you are a regular party, provide your Regular Party Id: |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | **Solicitor** |
| L code: |  |  |
| P code: |  |  |
| Residential Address**(Leave blank if the Applicant is the Chief Executive or an agency worker)** |  |  |
| Address for Service | **Street Address (including unit or level number and name of property if required)** |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** |
| Phone Details | **Type - Number** |
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| Referral information and cultural information  | Tick one that is applicable:Who is making the referral?* Solicitor
* Parent/Guardian
* Aborignal Youth Justice Officer
* Prosecution
* Other

Is the youth Aboriginal or Torres Strait Islander?* Yes
* No

Is an interpreter required? Yes  NoIf yes, specify language ……………………………………………………. |

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| **Youth**  |
| Name of Youth | **Full Name**  |
| Name of Law Firm and Solicitor **If any** | **Law Firm** | **Solicitor** |
| Date of Birth | **Date-Month-Year** |
| Gender: |  |
| Ethnicity: |  |
| Residential Address |  |
| Address for Service | **Street Address (including unit or level number and name of property if required)** |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
| **Email address** |
| Phone Details | **Type - Number** |

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| **Parent/Guardian**  |
| Name of Parent/Guardian | **Full Name**  |
| Residential Address |  |
| Phone Details | **Type - Number** |

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| **Department for Child Protection Involvement** Is the Young person under the guardianship of the Chief Executive? * Yes
* No

If DCP is involved please provide the name of the worker **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Department for Human Services – Youth Justice Involvement**Is the Young person under the supervison of DHS Youth Justice? * Yes
* No

If DHS Youth Justice is involved please provide the name of the worker **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Signature of referring party**………………………….. …………………………. …………………………………………...Signature Date Name and Organisation (Please print) |