**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** | | | |
|  | | | | |
| 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   No  If 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) |