

Form YAC1 Referral to Youth Aboriginal Community Court Adelaide

Form YAC1

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

YOUTH COURT OF SOUTH AUSTRALIA
CRIMINAL JURISDICTION

COMMISSIONER OF POLICE
Informant

V

[Insert Youth Full Name]
Youth

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.

Applicant

Name of Applicant	Full Name		
What type of party are you?	<input type="checkbox"/> Individual <input type="checkbox"/> Organisation <input type="checkbox"/> Regular Party		
	If you are a regular party, provide your Regular Party Id:		
Name of Law Firm and Solicitor <small>If any</small>	Law Firm	Solicitor	
L code:			
P code:			
Residential Address <small>(Leave blank if the Applicant is the Chief Executive or an agency worker)</small>			
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	<p>Tick one that is applicable:</p> <p>Who is making the referral?</p> <p> <input type="checkbox"/> Solicitor <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Aboriginal Youth Justice Officer <input type="checkbox"/> Prosecution <input type="checkbox"/> Other </p> <p>Is the youth Aboriginal or Torres Strait Islander?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>Is an interpreter required?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, specify language</p>
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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		

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

<p>Department for Child Protection Involvement</p> <p>Is the Young person under the guardianship of the Chief Executive?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If DCP is involved please provide the name of the worker _____</p>
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<p>Department for Human Services – Youth Justice Involvement</p> <p>Is the Young person under the supervision of DHS Youth Justice?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If DHS Youth Justice is involved please provide the name of the worker _____</p>

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