

REPORT REQUEST FORM

To	Management Assessment Panel – Exceptional Needs Unit, Department of Human Services		
Address	GPO Box 292		
	<small>Street Address (including unit or level number and name of property if required)</small>		
	Adelaide	SA	5000
	<small>City/town/suburb</small>	<small>State</small>	<small>Postcode</small>
	dhs.exceptionalneeds@sa.gov.au		
	<small>Email address</small>		
Type of Report	Management Assessment Panel Report		
	<small>Name of report</small>		
Court	[Supreme/District/Magistrates/Youth/Environment, Resources and Development] Court of South Australia		
	<small>Court ordering report</small>		
Sitting At			
	<small>Location of court</small>		
Registry Address	<small>Registry Address</small>		
	<small>City/town/suburb</small>	<small>State</small>	<small>Postcode</small>
Contact Details			
	<small>Phone number</small>		<small>Fax number</small>
Court File Number			
	<small>Court file number</small>		
Presiding Officer			
	<small>Name of Presiding Officer</small>		
Prosecuting Authority			
	<small>Prosecuting Authority</small>		

[Defendant/Youth] Particulars			
[Defendant/Youth]			
	<small>Full Name</small>		
Address	<small>Street Address (including unit or level number and name of property if required)</small>		
	<small>City/town/suburb</small>	<small>State</small>	<small>Postcode</small>
Date of Birth/Licence No			
	<small>Date of Birth</small>		<small>Driver's Licence no</small>
Phone Details			
	<small>Type (eg. Home; work; mobile) - Number</small>		<small>Another number</small>
In Custody			
	<small>Yes/No</small>		
Offence(s) Charged			
	<small>Offence(s) Charged</small>		

Legal Representative Particulars			
Name of law firm / solicitor If any	Law Firm		Solicitor
Address for service	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
Phone Details	Email address		
	Type (eg. home; work; mobile) - Number		

Report Particulars	
Date Report Ordered	Date
Date Report Required	Date
Report to be Provided	Written/Orally
Other Reports Ordered	List
Next Hearing Date	Date and time
Address to be Reported On	Residential Address
Contact Person	Contact Person Name
	Contact Person Phone Number

Special Aspects to be Reported on
<i>[enter free text special aspects here]</i>

IMPORTANT NOTICE
Please forward the completed report to the Registry of the <i>[Jurisdiction of Court Ordering Report]</i> at <i>[Sitting Location of Court Ordering Report]</i> .
REPORTS SHOULD BE FORWARDED IN TIME TO REACH THE COURT NOT LESS THAN TWO WORKING DAYS PRIOR TO THE DATE REPORT REQUIRED BY.