

REPORT REQUEST FORM

To	Clinical Director, CAMHS		
Address	Street Address of Doctor (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Email address		
Type of Report	Psychiatric Report		
Court	Youth Court of South Australia		
	Court ordering report		
Sitting At	Location of court		
Registry Address	Registry Address		
	City/town/suburb	State	Postcode
Contact Details	Phone number		Fax number
Court File Number	Court file number		
Presiding Officer	Name of Presiding Officer		
Prosecuting Authority	Prosecuting Authority		

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

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		
	Email address		
Phone Details	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

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

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