**Form YTO11 Detention Review Report Template**

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| **File details**  |
| File number: |  |
| Full name of child or young person: |  |
| Date of birth: |  |
| Gender:  |  |
| Ethnicity: |  |
| Detention Review hearing date: |  |
| Report required by:  | **Hearing date – 5 days** |

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| **Instructions:**An order was made for detention of a child under Part 7A of the *Controlled Substances Act 1984*. Please provide the Court with a report at within 5 buisness days before the next date for the conduct of the review of the Child by completing the details requested in this form. The completed report will need to be provided to the Court by emailing youthcourt@courts.sa.gov.au and quoting ‘YTO Detention Review Report – File number and child’s name’. It will then be provided to the applicant and the child (or person representing the child) by the Court. |

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| **Service provider:** |  |
| **Date of Detention Order:** |  |
| **Indicate if an Assessment or Treatment Order was made at the time of the Detention Order:** | [*Assessment/Treatment*] Order |
| **Dates assessment received:** |  |
| **Dates treatment received:**  |  |
| **Material considered in preparing this report:** |  |
| **Current situation of the child:** |  |
| **Assessment/Treatment received:**Please explain the assessment/treatment provided to the child. |  |
| **Impact of Detention Order or any other orders on the child** Please provide details about how the child’s overall health and wellbeing has been impacted by the Detention Order or any other orders. Please specify any risks or issues that have arisen, if applicable, as a result of the Detention Order and if the order should be revoked or varied or if a less restrictive option would be recommended.  |  |
| **Compliance with the Assessment/Treatment Order** Please explain whether child has complied with the Assessment/Treatment Order and what actions have occurred to ensure compliance with Assessment/Treatment Order.  |  |

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| **Details of person who completed the Detention Review Report**  |
| Full Name  |  |
| Title  |  |
| Employment Address |  |
| Email address  |  |
| Phone Number |  |

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| **Signature of Person who completed the Detention Review Report:**I confirm that I have discussed the Detention Review Report with the child.………………………….. Signature ………………………….Date |