**Form YTO8 Screening Report Template**

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| To: | **The Clinical Director Drug and Alcohol Service SA (DASSA)** |
| Request sent to: | Health.DASSAClinicalRecordsRequestforInformation@health.sa.gov.au |
| Date request sent by Youth Court: |  |
| **File details** | |
| File number: |  |
| Full name of child: |  |
| Date of birth: |  |
| Gender: |  |
| Ethnicity: |  |
| Next hearing date: | **5 business days after the Directions Hearing** |
| Report required by: | **At least 2 business days prior to the next hearing date** |

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| **Instructions:**  The form is to be completed by an appropriately qualified and experienced youth drug addiction health professional in DASSA.  An application has been made for assessment of a child under Part 7A of the *Controlled Substances Act 1984*.  The Court requests that you screen the application and affidavit provided. Please provide advice as to whether the application and affidavit meets the threshold in relation to all requirements of s 54D of the *Controlled Substances Act 1984* within 3 business days of receiving the screening request.  The completed screening report will need to be provided to the Court by emailing [youthcourt@courts.sa.gov.au](mailto:youthcourt@courts.sa.gov.au) and in the subject line quoting the ‘Screening - File number and child’s name’. |

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| ***What documents were considered in forming this view?*** | |
| Application (YTO1) | [Please include date of application] |
| Affidavit | [Please include date of affidavit] |
| Reports (Provided by Youth Court of South Australia) |  |
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| **54D(1)(a) Habitually using** | |
| Is there a reasonable likelihood that the child is habitually using?  **Yes/No** (Delete one) | Please explain reason for selection: |
| **54D(1)(b) Danger to self or others** | |
| May the child be a danger to themselves or others?  **Yes/No** (Delete one) | Please explain reason for selection: |
| **54D(1)(c) Refusal to voluntarily seek assessment** | |
| Has the child refused to voluntarily seek a relevant assessment?  **Yes/No** (Delete one) | Please explain reason for selection: |
| **54D(1)(d) No other appropriate or less restrictive means** | |
| Is there any other appropriate and less restrictive means available to ensure the child receives a relevant assessment?  **Yes/No** (Delete one) | Please explain reason for selection: |
| **Threshold met or not** | |
| I have formed the view that the application and affidavit **meets/ or does not meet** **(delete one)** the threshold in relation to all requirements of s 54D of the *Controlled Substances Act 1984.* | |
| **Any other relevant information** | |
| Please provide any other relevant information: | |

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| **Details of person who completed the Screening Document** | |
| Full Name: |  |
| Title: |  |
| Employment Address: |  |
| Email address: |  |
| Phone Number: |  |
| Date Screening request received by DASSA: |  |
| Date Screening completed and sent to Youth Court of South Australia: |  |
| Signature (include AHPRA number): |  |
| Qualification: |  |