

REPORT REQUEST FORM

| | | | |
|-----------------------|---|----------------------|---------------------------|
| To | Department of Human Services, Youth Justice | | |
| Address | Level 8, 101 Grenfell Street | | |
| | <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> |
| | <small>Email address</small> | | |
| Type of Report | Supervision Suitability Report | | |
| | <small>Name of report</small> | | |
| Court | [Supreme/District/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> | | |

| | | | |
|--------------------------|---|----------------------|------------------------------------|
| Youth Particulars | | | |
| 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. |