

REPORT REQUEST FORM

To	Forensic Team, Child and Adolescent Mental Health Service		
Address	5 Darley Road		
	<small>Street Address (including unit or level number and name of property if required)</small>		
	Paradise	SA	5075
	<small>City/town/suburb</small>	<small>State</small>	<small>Postcode</small>
	<small>Email address</small>		
Type of Report	Adolescent Sexual Offender 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			
<small>[Defendant/Youth]</small>	<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

<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>
