

## REPORT REQUEST FORM

To	Drug and Alcohol Services South Australia		
Address	75 Magill Road		
	<small>Street Address (including unit or level number and name of property if required)</small>		
	Stepney	SA	5069
	<small>City/town/suburb</small>	<small>State</small>	<small>Postcode</small>
	dassa@health.sa.gov.au		
	<small>Email address</small>		
Type of Report	Drug and Alcohol Assessment Report (Youth)		
	<small>Name of report</small>		
Court	Youth 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>		

<b>Legal Representative Particulars</b>			
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		

<b>Report Particulars</b>	
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

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

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