

REPORT REQUEST FORM

| | | | |
|-----------------------|--|-------|------------|
| To | Department for Correctional Services | | |
| Address | c/- Courts Unit, 260-280 Victoria Square | | |
| | Street Address (including unit or level number and name of property if required) | | |
| | Adelaide | SA | 5000 |
| | City/town/suburb | State | Postcode |
| | DCSCourtsReportRequests@sa.gov.au | | |
| | Email address | | |
| Type of Report | Pre-Sentence Report | | |
| | Name of report | | |
| Court | [Supreme/District/Magistrates/Environment, Resources and Development] Court of South Australia | | |
| | Court ordering report | | |
| Sitting At | Location of court | | |
| Registry Address | Registry Address | | |
| | | | |
| | City/town/suburb | State | Postcode |
| Contact Details | Phone number | | Fax number |
| | | | |
| Court File Number | Court file number | | |
| Presiding Officer | Name of Presiding Officer | | |
| Prosecuting Authority | Prosecuting Authority | | |

| | | | |
|------------------------------|--|-------|---------------------|
| Defendant Particulars | | | |
| Defendant | Full Name | | |
| Address | Street Address (including unit or level number and name of property if required) | | |
| | | | |
| | City/town/suburb | State | Postcode |
| Date of Birth/Licence No | Date of Birth | | Driver's Licence no |
| | | | |
| Phone Details | Type (eg. Home; work; mobile) - Number | | Another number |
| | | | |
| In Custody | Yes/No | | |
| Offence(s) Charged | Offence(s) Charged | | |

| 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 DAY PRIOR TO THE DATE REPORT REQUIRED BY. |