**REPORT REQUEST FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To | Clinical Director, Statewide Forensic Mental Health Service, Court Assessment Service | | | |
| Address |  | | | |
| **Street Address of Doctor (including unit or level number and name of property if required)** | | | |
|  |  | |  |
| **City/town/suburb** | **State** | | **Postcode** |
|  | | | |
| **Email address** | | | |
| Type of Report | Psychiatric 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** | | | |

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| **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** |
|  | | | | |
| **Email address** | | | | |
| Phone Details |  | | | | |
| **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** |

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| **Special Aspects to be Reported on**  [*enter free text special aspects here*] |

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| **IMPORTANT NOTICE**  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 DAY PRIOR TO THE DATE REPORT REQUIRED BY. |