**REPORT REQUEST FORM**

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| 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** |

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| **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** |

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| **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. |