## **REPORT REQUEST FORM**

То	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	Type (eg. nome, work, mobile) - Number		Another Humber	
- , , , , , , , , , , , , , , , , , , ,				
	Yes/No			
Offence(s) Charged				
	Offence(s) Charged			

Legal Representative Particulars				
Name of law firm / solicitor				
	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) - I	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		
Contact Darage	Residential Address	
Contact Person		
	Contact Person Name	Contact Person Phone Number

## Special Aspects to be Reported on

[enter free text special aspects here]

## **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.