## REPORT REQUEST FORM

То	The Director, Owenia House					
Address						
	Street Address of Doctor (including unit or I	evel number and name	of property if required)			
	City/town/suburb	State		Postcode		
	Email address					
Type of Report	Report on Sexual Offenders					
Court	Name of report [Supreme/District/Magistrates/Youth/Environment, Resources and Development] Court					
Court	of South Australia					
	or oddir/radiana					
0::::	Court ordering report					
Sitting At						
	Location of court					
Registry Address						
	Registry Address					
	Registry Address					
Contact Details	City/town/suburb	State	T	Postcode		
Contact Details						
	Phone number		Fax number			
Court File Number						
	Court file number					
Presiding Officer	Court file number					
Prosecuting Authority	Name of Presiding Officer					
Troscouning Additionly						
	Prosecuting Authority					
[Defendant/Youth] Particu	ılars					
	T					
[Defendant/Youth]						
	Full Name					
Address						
	Street Address (including unit or level number and name of property if required)					
	City/town/suburb	State	T	Postcode		
Date of Birth/Licence No						
	Date of Righ		Driver's Licence no			
Phone Details	Date of Birth	Date of Birth		Dilver's Licence no		
_						
In Custody	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		
	Email address					
Phone Details						
	Type (eg. home; work; mobile) - Number					
Phone Details	City/town/suburb  Email address	State		Country		

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

[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 DAYS PRIOR TO THE DATE REPORT REQUIRED BY.