



REFERRAL FORM (B)

Please complete this form and submit along with REFERRAL FORM (A). Please complete one form per victim.

SECTION 1 VICTIM DATA

B 1.1 DETAILS OF VICTIM

Name: _____

D.O.B ____/____/____ Victim's gender _____

Age at time of assault/onset of alleged/actual abuse: _____

Relationship to client: _____

Does the victim still have contact with the client? Yes No

If YES, how is the contact monitored? _____

SECTION 2 DETAILS OF ALLEGED/ACTUAL OFFENCE

B 2.1 DETAILS OF ASSAULT/ABUSE

PLEASE NOTE: If available, please attach a copy of the victim's statement/detailed report – the following questions are for quick statistical reference.

Indicate below the nature of the sexual behaviour (tick all that apply):

| | |
|--------------------------|--|
| <input type="checkbox"/> | Exposure |
| <input type="checkbox"/> | Client requires victim to masturbate him/her |
| <input type="checkbox"/> | Client touches victim's genitals |
| <input type="checkbox"/> | Client requires victim to engage in oral intercourse |
| <input type="checkbox"/> | Client engage in oral intercourse |
| <input type="checkbox"/> | Digital penetration |
| <input type="checkbox"/> | Penetration with other object |
| <input type="checkbox"/> | Attempted anal intercourse |
| <input type="checkbox"/> | Anal intercourse |
| <input type="checkbox"/> | Attempted vaginal intercourse |
| <input type="checkbox"/> | Vaginal intercourse |

Date of alleged/actual assault/onset of abuse: _____

If multiple assaults, indicate length of time and frequency (approximate information is acceptable if specific details are not available): _____

Context (e.g whilst babysitting): _____

Location/s (e.g home, school): _____

Circumstance in which abuse was discovered: _____

B 2.2 YOUNG PERSON'S RESPONSE

Please comment on the (accused) young person's response at the time of disclosure/discovery of the alleged/actual assault/abuse: _____

Please comment on this young person's current views and attitudes regarding the alleged/actual assault/abuse: _____

B 2.3 YOUNG PERSON'S RESPONSE TO REFERRAL

Is the young person aware of the referral to Turning Corners?

No Yes What was the young person's response? _____

B 2.4 OTHER RELEVANT INFORMATION

Please provide any additional information relevant to this section:

NOTE: If more space is required, please prepare on separate attachment, marked *Section B 2.4*

SECTION 3 INVOLVEMENT OF AUTHORITIES / COURTS

B 3.1 INVOLVEMENT OF AGENCIES

Please list agencies currently involved with client and key contact workers (if any):

| Name of agency | Contact worker |
|----------------|----------------|
| | |
| | |
| | |
| | |

B 3.2 COURT APPEARANCES

If the young person is awaiting trial, please provide the court date (or estimated date):

If the young person is awaiting sentencing, what is the date of the final court appearance?

B 3.3 CRIMINAL JUSTICE SYSTEM INVOLVEMENT

If the young person is awaiting an outcome in the criminal justice system please provide the following details:

Has the young person been charged with an offence?

No Yes Please provide details of charges: _____

Decision Pending _____

Please detail any bail conditions: _____

Does the young person admit to the above mentioned offence/s? No Yes
 Partly Unknown

Is the young person to be cautioned? No Yes Decision pending

Is the young person to be prosecuted? No Yes Decision pending

➤ What was the young person's plea? ←

Guilty Not guilty No plea

What is the recommended/anticipated court disposal? _____

PLEASE NOTE: If reports have been prepared for the court please attach copies together with relevant depositions/victim reports.

B 3.4 CRIMINAL JUSTICE SYSTEM DEALINGS FOR REFERRED BEHAVIOUR

Was the young person charged for their referred behaviour? No Yes

➤ If NO, please explain why (e.g. insufficient evidence): _____

➤ If YES, please specify the charges: _____

➤ In addition, please detail any charges that were dropped or changed: _____

Did the young person admit to the above mentioned charges/s? No Yes
 Partly

Please indicate the outcome: NFA Caution Case dropped Prosecution
Other (please specify): _____

B 3.5 PREVIOUS OFFENCES (sexual and non-sexual offences)

| Date | Offence | System response |
|------|---------|-----------------|
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| | | |
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| | | |
| | | |
| | | |

Comments on previous criminal behaviour (e.g. acted with others, use of violence, mediating factors etc.): _____

FORM COMPLETED BY

NAME: _____

RELATIONSHIP TO CLIENT: _____

SIGNATURE: _____

DATE: ____/____/____

