

## Second Chance Program - Referral Form

Once completed, please return this form via email to  $\underline{secondchance@cvgt.com.au}$  and you will be contacted within 2 (business) days.

Referrals can also be made directly via the Magistrates Court, Legal Aid, Community Corrections, Youth Justice, or Legal representative.

Date of referral:

Client Details						
First Name:						
Last Name:						
Date of Birth:			Age:			
Address:			I			
Phone Number(s):			Email:			
Gender Identity:	☐ Male ☐ Female ☐ Non-Binary ☐ Trans ☐ Other/Prefer not to answer					
Pronouns:	☐ He/Him ☐ She/Her ☐ They/Them ☐ Other					
Australian Citizen:	☐ Yes ☐ No ☐ Aboriginal ☐ Torres Strait Is			t Islander		
Primary Language					Interpreter: 🗆 Yes 🗆 No	
	<u>I</u>					
Referral Details						
Referred by (Name)						
Organisation						
Contact Number						
Email						
Justice Related Information						
Program Participation	□ Voluntary □ Mandatory					
	Details/Conditions (if applicable):					
Magistrate			Lega	l Rep		



Current/Outstanding charges:						
Donding Court Dates						
Pending Court Dates						
Current Orders:	☐ COO ☐ Youth Justice Order ☐ Diversion Order ☐ CISP ☐ Second Chance					
	□ Other					
	Details:					
Bail Conditions:						
Community Work	Total Ordered:	Remaining:				
Hours						
Current Intervention	□ No □ Yes (If yes, please provide details below):					
Orders: (IVO)	Named person(s):					
	Relationship:					
	Conditions:					
Offending Status	☐ Recidivist Offender ☐ Offender ☐ Non-offender 12mths+					
	□ Never offended					
Please provide any additional information of relevance:						