|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child Witness Details | | | | | | | | |
| Family Name | | Click or tap here to enter text. | | | **First Name** | | | Click or tap here to enter text. |
| Witness Type | | Choose an item. | | | **Pronouns** | | | Choose an item. |
| Date of Birth | | Click or tap to enter a date. | | | **Age** | | | Click or tap here to enter text. |
| Address | | Click or tap here to enter text. | | | | | | |
| Aboriginal/ Torres Strait Islander Status | | | | Choose an item. | | **CALD\*** | Click or tap here to enter text. | |
| Interpreter Required | | | Choose an item. | | **Languages Spoken** | | | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. | | | | **Email** | | | Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Carer Details | | | | | | | |
| Family Name | Click or tap here to enter text. | | | **First Name** | | Click or tap here to enter text. | |
| Relationship to Child | Click or tap here to enter text. | | | **Pronouns** | | | Choose an item. |
| Date of Birth | Click or tap to enter a date. | | | **Age** | | Click or tap here to enter text. | |
| Address | Click or tap here to enter text. | | | | | | |
| Aboriginal/ Torres Strait Islander Status | | Choose an item. | | | **CALD\*** | Click or tap here to enter text. | |
| Interpreter Required | Choose an item. | | | **Languages Spoken** | | Click or tap here to enter text. | |
| Mobile | Click or tap here to enter text. | | | **Email** | | Click or tap here to enter text. | |
| Is the principal carer the legal guardian? | | | Choose an item. | | | | |
| If no, provide legal guardian details | | | Click or tap here to enter text. | | | | |

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**Child and Youth Witness Service Referral Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Accused Details | | | | | |
| Family Name | Click or tap here to enter text. | | | **First Name** | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. | | | **Age** | Click or tap here to enter text. |
| Gender | Choose an item. | | | **Relationship to Child** | Click or tap here to enter text. |
| Is the accused on bail? | | Choose an item. | **Is the accused on remand?** | | Choose an item. |
| Any risk factors? | | Choose an item. | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alleged Offence Details | | | | | | | | | | |
| Date charges were laid | | Click or tap to enter a date. | | | | | | | | |
| Please list main charges | | Click or tap here to enter text. | | | | | | | | |
| Brief summary of offending | | Click or tap here to enter text. | | | | | | | | |
| Next Court Date Hearing | | Click or tap to enter a date. | | | | | | | | |
| Which court is the matter held | | | Choose an item. | | | | | | | |
| Location of Court | | | Click or tap here to enter text. | | | | | | | |
| Is the parent/guardian a witness in the matter? | | | | | | | Choose an item. | | | |
| Has the witness completed a written statement? | | | | | | Choose an item. | | | | |
| Has the witness completed a VARE? \*\*\* | | | | Choose an item. | | | | **Date VARE completed** | Click or tap to enter a date. | |
| Length of VARE | Click or tap here to enter text. | | | | **Is there more than one child witness in this case?** | | | | | Choose an item. |
| If there are additional child witnesses, please complete a separate referral form for each child witness | | | | | | | | | | |

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**Child and Youth Witness Service Referral Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Informant Details** | | | | |
| **Family Name** | Click or tap here to enter text. | | **First Name** | Click or tap here to enter text. |
| **Station** | Click or tap here to enter text. | | **Contact Number** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. | | **Alternative Number** | Click or tap here to enter text. |
| **Has consent been obtained from the legal guardian for this referral?** | | | | Choose an item. |
| **Time referral sent** | | Click or tap here to enter text. | **Date referral sent** | Click or tap to enter a date. |

|  |  |
| --- | --- |
| ***Police Prosecutor or OPP Solicitor contact Details*** | |
| **Name** | Click or tap here to enter text. |
| **Mobile** | Click or tap here to enter text. |

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**Child and Youth Witness Service Referral Form**

**Abbreviations Used:**

\* CALD: Culturally and Linguistically Diverse

\*\* DFFH: Department of Families, Fairness and Housing

\*\*\* VARE: Video and Audio Recording of Evidence

**Please email the completed referral form to** [**ChildandYouthWitnessService@justice.vic.gov.au**](mailto:ChildandYouthWitnessService@justice.vic.gov.au)