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| 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. |

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| 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**

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| 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. |

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| 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**

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| **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. |

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| ***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**