



PROTECT ALL CHILDREN TODAY INC

PACT REFERRAL

PLEASE COMPLETE A SEPARATE REFERRAL FORM FOR EACH CHILD WITNESS.

This referral provides information to Child Witness Support Volunteers to enable PACT to adequately prepare and support child witnesses for the Criminal Court process. Where possible, please complete each section of the referral form and add any relevant supporting information (potential safety concerns, family dynamics, child living with the Defendant etc), in the Further Information section on the second page.

Occurrence #: _____ Pros. index: _____ Date submitted: _____

Child's details

Family name: _____ Given name(s): _____

Date of birth: _____ Gender: _____

Ethnicity: Caucasian Asian Polynesian ATSI Other _____

Type of witness: Complainant Preliminary Complainant Witness

Current residential address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Current phone no.: _____ Mobile: _____

Email: _____

Carer's details

Family name: _____ Given name(s): _____

Relationship to child: Natural parent Step Foster Relative

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Phone no.: _____ Mobile: _____

Email: _____

Parent's details

Mother's family name: _____ Given name(s): _____

Father's family name: _____ Given name(s): _____

Child Safety Officer details (if applicable)

Family name: _____ Given name(s): _____

Child safety office: _____

Phone: _____ Email: _____

Police Officer's Details

Family name: _____ Given name(s): _____
Rank: _____ Reg. no: _____ Police station: _____
Phone: _____ Fax: _____
Email: _____

Offender's details

Family name: _____ Given name(s): _____
Date of birth: _____ Date of arrest: _____
Relationship to child: Natural parent Step parent De facto
Foster parent Relative Sibling
Family friend Unknown No relationship
Professional

Court details

Committal mention Trial Directional hearing
Committal Mention Pre-recording
Date: _____ Time: _____
Court location: _____

List charges in which this child is required to give evidence:

Are there any problems with this case that are not listed on this form? Yes No

Further information

Submitted by

Family name: _____ Given name(s): _____
Organisation (if applicable): _____
Phone: _____ Email: _____

Phone: (07) 3006 9016 Freecall: 1800 449 632 Fax: (07) 3006 2112 Email: pact@pact.org.au
Postal Address: PO Box 12672 George Street Post Shop QLD 4003