



## 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: \_\_\_\_\_