

Family Drug Treatment Court Referral

Referral date: _____

Lex # _____

Name: _____ Contact Number: _____

D.O.B: _____ Mother Father

Parent address: _____

Aboriginal and/or Torres Strait Islander: Yes No

Referring Magistrate: _____

Solicitor: _____ Telephone: _____

Solicitor email: _____

Primary Child Protection Practitioner (CPP): _____

CPP email: _____ Telephone: _____

Family Drug Treatment Court (FDTC)

Will the parent consent to participate in an intake assessment for FDTC?

YES NO Will the parent consent to a criminal history record check? YES NO

Will the parent consent to urinalysis screening as a condition of their acceptance into the FDTC?

YES NO

Number of children in the family: _____ Number of children in Out of Home Care: _____

Is at least one of the children currently residing in Out of Home Care aged between 0-3 years?

YES NO

Comment: _____

Is the parent currently a client of the Northern Division of DFFH Preston Office?

YES NO

Does the parent acknowledge substance use affects their capacity to parent?

YES NO

Comment: _____

Does the parent have any outstanding criminal matters that may result in imprisonment in the next 12 months?

YES NO

Please specify: _____

Is the parent in a significant relationship?

YES NO

If yes, is family violence present in this relationship? YES NO

Please specify: _____

Are there any other concerns to be taken into consideration? YES NO

Please specify: _____

Children

1. **Name:** _____ **D.O.B:** _____

Current Carer: _____ Relationship to child: _____

Address: _____

2. **Name:** _____ **D.O.B:** _____

Current Carer: _____ Relationship to child: _____

Address: _____

3. **Name:** _____ **D.O.B:** _____

Current Carer: _____ Relationship to child: _____

Address: _____

4. **Name:** _____ **D.O.B:** _____

Current Carer: _____ Relationship to child: _____

Address: _____

***Have all relevant parties to the protection application been notified of this referral? YES NO**

***Have you ticked all the boxes?**