

OPTIONAL MODULE 12: FORENSIC



The ACSO DUETS project received funding from the Australian Government, Department of Health.

FOR STAFF ONLY

UR Number: _____
 Surname: _____
 Given name: _____
 Date of birth: _____
 (Please fill in if no label available)

<p>PURPOSE OF MODULE To assist in gathering information relating to factors which contribute to offending behaviour.</p> <p>WHO CAN ADMINISTER THIS MODULE? This module is designed to be completed by workers, based upon discussion with the client and information gathered during assessment.</p>	<p>INSTRUCTIONS</p> <ol style="list-style-type: none"> 1. Complete relevant sections of Optional Module 12: Forensic 2. Refer to <i>Working with Forensic Clients - Alcohol and Other Drug Assessment Guide</i> available at http://coats.acso.org.au. 3. This information can be incorporated into your assessment report and used in the development of an individual treatment plan.
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Date information obtained:	Source of referral:
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Source/s of information:

Self Report Justice Case Manager Past COATS Report
 Court Program Other: _____

<p>Recent legal contact: Has the client recently had contact with police, a solicitor, courts, or been released from prison / youth justice facility?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Remand <input type="checkbox"/> Sentenced <input type="checkbox"/> Combined order </p>	<p>If yes, provide details: _____ _____ _____ _____</p>
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Risk considerations for service providers and other service users:
 Are there any current / past risk concerns for treatment providers?

Yes No

If yes, specify the type of risk concern

Violent offending / behaviours Sexual offending / behaviours Threatening behaviours
 Known to carry weapons History of stalking behaviour Past threats / violence towards staff
 Arson Risk to other program participants Other: _____

Please comment (intoxication, withdrawal, unstable mental state, or other dynamic risk, etc)

Current legal status:
 Is the client currently in custody? Yes No

Current order:

Community Corrections Order Undertaking / Bond Family violence intervention order Parole
 Bail Youth Justice Intervention Order Victorian Police Diversion Supervision Order
 Deferred Sentence Child Protection Order Court Diversion Personal Safety Intervention Order
 Compulsory Treatment Order No Current Order Other: _____

FOR STAFF ONLY

Clinician name: _____ Position: _____ Signature: _____ Date: _____

