

**REFERRAL TO REGIONAL FORENSIC PSYCHIATRY COURT LIAISON SERVICE**

**Referrer details**

Name: _____
Email: _____
Phone: _____

**Reason for referral**

State the observation or concern giving rise to this referral: _____
_____
_____
_____
_____
_____

**Court:** \_\_\_\_\_

**Next court date and time:** \_\_\_\_\_

**Stage of proceedings:** \_\_\_\_\_

**Attachments**

Summary of facts	<input type="checkbox"/>
Criminal and traffic history	<input type="checkbox"/>
Police opposition to bail [if bail is opposed]	<input type="checkbox"/>
Other:	<input type="checkbox"/>