

Referral Information

Court :

Referral Date :

Crown Lawyer :

Ph :

Email :

Police officer in charge :

Ph :

Email :

Defence Lawyer :

Ph :

Email :

Please provide the information below to assist us with our assessment process.

Summary of facts:

EVI transcripts:

Evidence of privilege pursuant of Section 57 Evidence Act

DETAILS of Person who Experienced Harm :

Name :

Date of Birth :

Relationship to the person whose behaviour may have been experienced as harmful :

Gender :

Ethnicity :

Home Address :

Contact Details :

Ph :

Mobile :

Email :

Support Person :

Name of a Support Person :

Ph :

Mobile :

Email :

If you require more space to give full information, please attach notes to the referral.

DETAILS of the person whose behaviour may have been experienced as harmful :

Name :

Age :

Relationship to person who experienced harm :

Email :

Ph :

Home address :

Gender :

Current Bail conditions:

Support Person :

Name of a Support Person :

Ph :

Mobile :

Email :

What is the rationale for this referral?

Who has discussed the referral with the parties?

Any other information that you think may be helpful for us to know?

If you require more space to give full information, please attach notes to the referral.

REFERRAL FORM COMPLETED BY (Name) :

Signature :

Date :

For more information about privacy, confidentiality and complaints please look at our website: <https://www.projectrestore.nz>