**Criminal Justice Liaison and Diversion Service**

**Crown Court Provision Referral Form**

**Client/Defendant Details**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address/Care of Address (including postcode): |  |
| Ethnicity (if known/disclosed): |  |

**Referral Information**

|  |  |
| --- | --- |
| Offence(s): |  |
| Are Probation Services already involved?  If Yes, details and contacts of worker if available |  |
| Planned/Predicted Court Date: |  |
| Potential/Predicted Outcome from court:  I.e. court order, bail with conditions, remand |  |

**Reason for Referral**

|  |  |
| --- | --- |
| For example:   * Acute Mental health concerns, Physical health concerns, Social vulnerabilities including housing, finances, social services involvement, Substance and Alcohol Use, Autism and Learning Disability |  |

**Referrer Details**

|  |  |
| --- | --- |
| Name: |  |
| Service: |  |
| Contact Details: |  |
| Do you require feedback on this referral? |  |

Please send this completed form to: [kmpt.cjldscrowncourt@nhs.net](mailto:kmpt.cjldscrowncourt@nhs.net)

Referral will be screened and you may be contacted for further information.