Parole Legal Service – Referral Form

Please email completed form to parole@legalaid.nt.gov.au.

Currently, the Parole Legal Service is limited to prisoners in Darwin Correctional Centre with a cognitive impairment and/or mental health condition.

Referrer's Details	
Referring Agency	
Referrer's Name	
Referrer's phone and email address	

Client Information			
Family name		**First name**	
Date of birth		**IJIS number**	
Gender	☐ Male ☐ Female ☐ Non-binary/gender fluid	**Home town/ community**	
Aboriginal and Torres Strait Islander status	☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Neither	**Location of client**	☐ Darwin Correctional Centre
Language		**Interpreter required?**	☐ Yes ☐ No ☐ Unsure
Does the client have a cognitive impairment and/or mental health condition?	☐ Cognitive impairment ☐ Mental health condition *Details:*	**Does the client need practical help?**	☐ Hearing loop ☐ Large print text ☐ Other:

Release Information			
Head sentence and non-parole period For example, 12 months imprisonment with an 8 month non-parole period	*If known:*	**Non-parole period end date**	*If known:*
Date of previous parole applications Details of previous applications (if applicable): e.g. breached; refused; declined.	*If known:*	**In your view, is the person likely to be granted parole without assistance?**	☐ Yes ☐ No ☐ Unsure *Reason:*

Documentation	
Is the client aware of the referral?	☐ Yes ☐ No *If yes, please attach a copy of the client's Authority for Release of Information and provide copies of any of the following orders:* • Criminal history • Precis • Ancor • Other: • DVO • Documentation of related prison release • Parole • Suspended Sentence
Services client already engaged with For example, NDIS application on foot; name of community GP. Please provide contact names and numbers.	
What are the client's needs? (i.e. homelessness, literacy numeracy issues, family violence, alcohol and other drugs)	
Does the client have a guardian? Please provide name/details.	

Additional Information
Is there any other relevant information that would assist us in assessing the client's parole planning or legal needs?

OFFICE USE ONLY			
Allocated to	☐ Legal Advice ☐ Legal Task Assistance ☐ Declined assistance *If declined assistance, reason:* ☐ Eligibility ☐ Capacity ☐ Conflict ☐ Referred to another service *If ineligible, reason:*		
Data entered		**Outcome communicated to referrer**	
Additional comments			