



# Women's Justice Network Referral Form

### Program Eligibility

- Identify as Female
- Living in or returning to Sydney or Central Coast area
- 14 and over
- In contact with the criminal justice system or At risk of custodial sentence

### Client

Name: .....

(Any aliases): .....

Date of Birth: .....

LSIR (If available): .....

Cultural Background:

Aboriginal  Torres Strait Islander

Non-Indigenous Australia  Vietnamese

Lebanese  Other:.....

Min: .....

Email: .....

### Current Legal Status

Parole  Probation  Bond

Remand  Suspended sentence

Sentenced

Custodial centre (if applicable): .....

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### Custodial History

First time in custody: Yes  No

Most recent conviction: .....

.....

Length of most recent conviction: .....

ERD: .....

Number of previous incarcerations: .....

History of violence: Yes • No •

Provide details:

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### Current Living Situation

- Correctional centre
- Transitional centre
- AOD centre
- Private rental
- Crisis accommodation
- Temporary accommodation
- Homeless
- Housing NSW Property

Client Address (If in the community or returning to the community)

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Phone: .....

### Referrer details

Name: .....

Organisation: .....

Position: .....

Phone: .....

Email: .....

Date of referral: .....

Signature: .....

Is the person aware this referral is being made and are they voluntarily seeking assistance?

Yes  No

Please send this completed form by email to [mentoring@wjn.net.au](mailto:mentoring@wjn.net.au)  
(02) 8011 0699