**Initials of the case being referred:** Click or tap here to enter text.

**What was the offence? Click or tap here to enter text.**

**What was the date of the offence?** **Click or tap here to enter text.**

Please provide the following details if they are known…. **Pending Court date:** Click or tap to enter a date.

 **Community order end date:** Click or tap to enter a date.

 **RESET date:** Click or tap to enter a date.

Are there any mental health issues and/or identified learning difficulties?

 No [ ]  Yes [ ]  - please provide details **Click or tap here to enter text.**

**Please state the risk level Please state the risk level Please state the risk level
to the Service User to others to reoffending**

Low [ ]  Medium [ ]  High [ ]  Low [ ]  Medium [ ]  High [ ]  Low [ ]  Medium[ ]  High [ ]

Please state any addiction issues
(including gaming, gambling etc) **Click or tap here to enter text.**

**Is there an offending history?**
 No [ ]  Yes [ ]  - please provide details including dates **Click or tap here to enter text.**

Is the service user employed? No [ ]  Yes [ ]  please provide working hours:**Click or tap here to enter text.**

**Any other supporting information: Click or tap here to enter text.**

To follow up this referral please contact

 **laura.fullelove@yss.cjsm.net**