

<b>Young Person:</b>		<b>Centre:</b>	Youth Justice Centre
<b>Date of Birth:</b>		<b>Date of Admission:</b>	
<b>Admission Status:</b> (tick appropriate)		<b>Admitting Officer:</b>	
		<b>CIMS Number:</b>	
<input type="checkbox"/> Police Charge <input type="checkbox"/> Remand <input type="checkbox"/> Control <input type="checkbox"/> Transfer		<b>AM/UM/SS on duty:</b>	
<b>Responsible</b>	<b>Action required</b>	<b>Date &amp; Initials</b>	<b>Comments</b>
<b>Unit Manager/ Duty Manager</b>	Check health and wellbeing of all new arrivals before accepting from Police		
	Review Prisoner Transfer Note and Police Custody Management Record for any documented issues or concerns		
	Check, stamp and sign legal mandate then accept juvenile		
	Review CIMS alerts, VRI and any other critical information		
	Add or update CIMS alerts as required		
	Follow up referrals, alerts and critical information		
	Check CIMS Client Diary has been updated		
	Check searches are conducted and recorded in Search Register		
<b>Admissions Staff / Admitting Officer</b>	Check Detainee Movement form / Legal Order / D file / CIMS Client Diary / VRI / Alerts / Client Details / Detainee Contacts / photograph		
	Complete Client Details form / Detainee Risk Questionnaire / Client Consent / Room Sharing / Application to call warrants		
	Take photograph of detainee		
	Notify ALS / Legal Aid / Community Services as required (circle relevant)		
	Contact parent / carer / significant others & note concerns		
	Provide all medication to JHFMNH Nurse or after hours Duty Manager		
	Check and store detainee's property		
	Make immediate referrals as required to JHFMHN Nurse, Psychologist or Counsellor		
	Update CIMS data as required: - Client Summary - Client Consent - Admission Details & Legal Orders - Client Diary - Contact Requests - Detainee Property - Alerts - Client Photograph		
	Update Phone Contact System		
	Inform AMCS of all control orders, noting SYORP/Parole/SCIO		
	Contact court of any legal discrepancy, inform AMCS, update Client Diary and add case note		
	Prepare & send parent letter		
	Obtain or create temporary D file as advised by Client Records		
	File forms as required in D file		
	Distribute DRQ, VRI and Alerts		
Notify Court Logistics if transport required			

Attach to: **D File (admission)**

CURRENT ALERTS			
Alert Type	Alert SubCategory	Start Date	Details

## DETAINEE RISK QUESTIONNAIRE

The purpose of the Detainee Risk Questionnaire is to identify immediate risks or needs for a young person.

- This form must NOT be given to the young person – staff must complete form
- All YES responses require further action and/or follow up

<b>Name:</b>		<b>DOB:</b>		<b>CIMS No.:</b>	
<b>YJC:</b>		<b>Admission Date:</b>		<b>Admission Time:</b>	

<b>Section 1: BEFORE accepting Young Person from Police / Transporting Officer</b>	YES	NO
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1.	Does the transport officer or police officer know of any medical problems, self-harm or suicide risk, drug dependence or other problems affecting the young person? Details:	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the transporting officer aware of, or has the young person made any complaint about, any possible injury (including head injury) or feeling unwell? Details:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Review all police paperwork to determine if the documents indicate any medical, alcohol / drug related problematic behavioural concerns which would require a medical clearance. Are there any concerns? Details:	<input type="checkbox"/>	<input type="checkbox"/>
4.	Check young person does not present with any visible medical or alcohol/drug related concerns. Ask the young person simple questions and observe their response to further consider the need for a medical clearance. Are there any concerns? Details:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section 1A: COVID-19 Screening Questions</b>	YES	NO
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1.	Have you been to any self-isolate and get tested locations or crossed a closed border in the past 14 days? (refer to NSW Health <a href="https://www.nsw.gov.au/covid-19/latest-news-and-updates#self-isolate-and-get-tested-immediately">https://www.nsw.gov.au/covid-19/latest-news-and-updates#self-isolate-and-get-tested-immediately</a> for daily updates and border closures) <b>If yes, young person is to be placed into medical separation with contact and droplet precautions and treated as a suspected case of COVID-19. Refer to Justice Health for assessment.</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you had contact with a person confirmed to have COVID-19? <b>(If yes, young person is to be placed into medical separation with contact and droplet precautions and treated as a suspected case of COVID-19. Refer to Justice Health for assessment.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the young person have a fever 37.5 C or higher or history of fever (e.g. night sweats, chills) or any acute respiratory infection symptoms (e.g. sore/scratchy throat, cough, shortness of breath) or loss of smell or loss of taste? <b>(If yes, young person is to be placed into medical separation with contact and droplet precautions and treated as a suspected case of COVID-19. Refer to Justice Health for assessment.)</b>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Section 2: CIMS Information / Youth Justice History</b>		<b>YES</b>	<b>NO</b>
1.	Is this the young person's first time in custody?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the young person require an interpreter?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the young person <input type="checkbox"/> Aboriginal? <input type="checkbox"/> Torres Strait Islander?		
4.	Does the young person have an identified disability?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are there any current Alerts on CIMS?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the young person previously escaped from custody?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has the young person previously been involved with out-of-home care?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Questions for the Young Person</b>			
<b>Section 3: Health</b>		<b>YES</b>	<b>NO</b>
Refer to JHFMHN Registered Nurse and Duty Manager			
1.	Do you have any health problems? Are you worried about your health now? Details:	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever been admitted into hospital? If yes; when, which hospital, what were you treated for? Details:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you taking any tablets or medication, or being treated by a doctor or psychiatrist? Details:	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any allergies? What happens when you have an allergic reaction? Details:	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever been treated for asthma / epilepsy (fits) / or had any other serious illness? Details:	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever been treated for any head injuries? Have you ever lost consciousness (been knocked out)? Details:	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you been sick or had diarrhoea, fever or any contagious illness in the last month? Details:	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you think you are pregnant? If yes, have you seen a doctor? How many months pregnant are you? Details:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section 4: AOD Use</b>		YES	NO
Refer to JHFMHN and AoD Counsellor and Duty Manager			
1.	Have you taken any drugs in the last 24 hours? What did you take? How much? Method of taking? Details:	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you had any alcohol in the last 24 hours? What did you drink? How much? Details:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you smoke cigarettes? How many cigarettes do you smoke per day? Details:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 5: Self Harm / Suicide Risk</b>		YES	NO
Refer to JHFMHN and Psychologist and Duty Manager			
1.	Have you ever attempted suicide or been stressed to the point you have thought of killing yourself? Details:	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever deliberately hurt yourself? Details:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you feel like killing yourself now? If yes, do you have a plan? Details:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 6: Mental Health</b>		YES	NO
Refer to JHFMHN and Psychologist and Duty Manager			
1.	Is there someone / something at home that you're worried about? Details:	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have trouble falling asleep or do you have nightmares? Details:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been told by a doctor that you have mental health problems? Details:	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you heard voices or seen things other people cannot see or hear? Do these voices tell you to hurt yourself or other people? Details:	<input type="checkbox"/>	<input type="checkbox"/>
5.	Can you see / hear them now? Are you afraid? Details:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 7: Anger / Mood</b>		YES	NO
Refer to JHFMHN and Psychologist and Duty Manager			
1.	Do you lose your temper easily, or have a 'short fuse'? Details:	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you angry right now? Details:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you thinking about hurting someone right now? Details:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section 8: Admissions Officer Observations</b>		YES	NO
Refer to Duty Manager, JHFMHN, Psychologist and AoD Counsellor			
1.	Does the young person show signs of being under the influence of alcohol or other drugs? E.g. does the young person look intoxicated, drowsy or have slurred speech? Details:	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the young person look vulnerable? E.g. slight build, weak, afraid, difficulties communicating? Details:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the young person show severe agitation or aggression? Details:	<input type="checkbox"/>	<input type="checkbox"/>
4.	Was the young person in possession of any medication or 'street drugs'? Details:	<input type="checkbox"/>	<input type="checkbox"/>
5.	Was the young person in possession of any weapons? Details:	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the young person have any injury or scarring that suggests previous self-harm or suicide attempt? Details:	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the young person behaving strangely – do they appear excessively quiet or withdrawn? Details:	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the young person appear to understand instructions/respond appropriately? Details:	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the young person appear to understand why they are in custody? Details:	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:**

Further actions / Follow up is required for all YES answers

During Business Hours:

If an employee or detainee answers YES to any of the questions regarding:

Health	Inform Duty Manager and refer to JHFMHN Registered Nurse
AoD Use	Inform Duty Manager and refer to AoD Counsellor and JHFMHN Registered Nurse
Self Harm / Suicide Risk	Inform Duty Manager and refer to Psychologist and JHFMHN Registered Nurse
Mental Health	Inform Duty Manager and refer to Psychologist and JHFMHN Registered Nurse
Anger / Mood	Inform Duty Manager and refer to Psychologist as directed

After Hours:

Refer to Duty Manager / Unit Manager to determine next action to address identified risk:

ACTION required	Details	Completed	
		Y	N

CIMS Alert Required		<input type="checkbox"/>	<input type="checkbox"/>
Additional Supervision Requirements		<input type="checkbox"/>	<input type="checkbox"/>
After hours referral to Justice Health & Forensic Mental Health Network – Nursing Unit Manager		<input type="checkbox"/>	<input type="checkbox"/>
Referral to NSW Police		<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>

Copy of completed DRQ issued to: (tick box)					
<input type="checkbox"/>	Unit Manager	<input type="checkbox"/>	JHFMHN Nurse	<input type="checkbox"/>	Psychologist
<input type="checkbox"/>	Assistant Manager (Custody)	<input type="checkbox"/>	Education & Training Unit	<input type="checkbox"/>	AoD Counsellor
<input type="checkbox"/>	Assistant Manager (Community)	<input type="checkbox"/>	Caseworker (Custody)		

**Admitting Officer:**

**Signature:**

**Date:**



<b>ATTENTION:</b>	<b>Police Warrant Index</b>
<b>FROM:</b>	
<b>Youth Justice Centre:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	

I the undersigned, [REDACTED] a juvenile at the above Youth Justice centre, desire to have during my present period of detention, all outstanding warrants that are recorded on the New South Wales Police Warrant Computer System.

I am aware that it is my responsibility to communicate with the courts for the issue of any further warrants.

I am also aware that parking and traffic offences may have been referred to the Roads and Traffic Authority (RTA) for licence cancellation. And, as such cannot be converted to warrants and have to be paid at the RTA.

<b>SURNAME:</b>	[REDACTED]
<b>FIRST NAMES:</b>	[REDACTED]
<b>DATE OF BIRTH:</b>	[REDACTED]
<b>ALIAS NAME/S:</b>	
<b>NEXT COURT &amp; DATE:</b>	

<b>Juvenile's signature:</b>		<b>Date:</b>	[REDACTED]
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**Date submitted:** 10/06/2022      **By:**  
(print name)

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**Signature:**

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For the manager

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**CLIENT CONSENT – EXCHANGE OF INFORMATION**

Name:

Date of Birth:

- I agree Youth Justice can get and give information about me to the people listed below.
- This information will be used to help with my case management, Youth Justice Conference (YJC) or to write reports about me for court. This information may also be used for evaluation and research to see if my time with Youth Justice was helpful or not.
- The types of information that will be shared will include things about me like my, home, health, school, work, money, any legal/offending information and current location if in Youth Justice custody.
- My consent given by this form will last until all of my matters with Youth Justice and the court are completed, unless I withdraw my consent before then.

Name of organisation/person

Circle

Child Protection within DCJ	YES / NO
NSW Department of Education & Communities (School and TAFE)	YES / NO
NSW Department of Health (Including Justice Health)	YES / NO
Revenue NSW (WDO)	YES / NO
National Disability Insurance Scheme (NDIS)	YES / NO
Legal Aid and / or Aboriginal Legal Services (ALS)	YES / NO
NSW Births Deaths and Marriages	YES / NO
Centrelink	YES / NO
NSW Corrective Services	YES / NO
NSW Police	YES / NO
Other:	YES / NO
Other:	YES / NO
Other:	YES / NO

**Note to staff:** If the young person is under 14 years of age, the parent/guardian **must** co-sign this form

Young Person:		Sign:		Date:	
Parent/Guardian:		Sign:		Date:	
Staff/Convenor:		Sign:		Date:	

## Client Consent – Exchange of Information (explanatory instructions)

Youth Justice is subject to privacy laws including but not limited to the *Privacy and Personal Information Protection Act 1998 (PIPA)* and the *Health Records and Information Privacy Act 2002 (HRIPA)*. These laws require that client information cannot be disclosed to another person without consent from the client. The 'client consent – exchange of information' form is the tool used to obtain this consent.

When having young people complete this form, the limits of confidentiality must be explained. This includes disclosing information about further offending and personal information to ensure the young person's safety, welfare or wellbeing – this applies even if the young person has not given consent for Youth Justice to share their information.

Youth Justice may exchange information about the young person and their family – including parents and/or sibling names and details under chapter 16A of the Children's (Care and Protection) Act 1998. Such exchange of information pursuant to Chapter 16A is to facilitate the provision of services to young persons by agencies that have responsibilities relating to the safety, welfare or wellbeing of young persons.

Staff must explain in a language that is clear and simple that the young person's legal rights are balanced with the need to talk to other organisations about their circumstances (current and past) in order to complete assessments and reports, monitor progress with services or assist in obtaining services as part of their case management (to resolve financial matters, to transition to the community, etc).

Consent to exchange information obtained through the 'Client consent – exchange of information' form needs to be:

- given freely, not coerced;
- informed: the young person has sufficient information to know what they are consenting to;
- specific: whom you can disclose to and for what purpose;
- given by someone with legal capacity to give consent, for example, the young person has the mental capacity to understand what they are consenting to.

Youth Justice requires parental consent to exchange information where the young person is under 14 years of age and/or where it is considered they are unable to fully understand what they are consenting to. Whilst this is the minimum requirement, it is good practice to obtain parent/guardian consent wherever possible.

The client consent - exchange of information form is a legal document. Staff must **clearly list the name of the organisation/persons** with whom the client information will be exchanged. Some organisations are pre-filled on the form. Others that may be added include:

- NGOs
- Youth Accommodation Services (refuges)
- NSW Housing
- Local GP
- Personal Counsellor
- Drug and Alcohol Services
- Treatment facility

The **purpose** of the information being sought or exchanged is listed on the form. This should be explained to the young person with examples. This includes case management, court reporting and Youth Justice evaluation purposes.

The **type** of information being sought or exchanged is also listed on the form. These types of information should be explained to the young person with examples. Some examples include:

- *Personal* – name, date of birth, address, contact number etc
- *Financial* – income from work or benefits, ability to pay fines or living expenses etc
- *Health* – information from doctors or psychologists about physical or mental health matters
- *Legal* – court appearances, offences, legal orders, conditions of legal orders etc

Youth Justice

**ADMISSION NOTIFICATION  
TO A LEGAL SERVICE**

**ADMISSION TO A YOUTH JUSTICE CENTRE  
OF A YOUNG PERSON**

**Referred to:**  Aboriginal Legal Service  
 Legal Aid

Liaison Officer / Legal Services at:

**Youth Justice Centre**

Address:

Phone number:

**Detainee Details:**

Name:

██████████

D.O.B.:

██████████

Address:

Date of Admission:

Offence/s:

**Status**

**Unable to meet (check box)**

Conditional Police Bail  
 Conditional Court Bail

Next Court Appearance date  
(if applicable):

To appear before:

Prepared by:

Date:

██████████

\* Email or Fax to appropriate Legal Service upon admission of a detainee to a centre.