**Wimbledon Magistrates’ Court Liaison & Diversion Team**

**Bail Assessment referral form**

TEL: 07966 443200 / EMAIL: [ForensicLDT@swlstg.nhs.uk](mailto:ForensicLDT@swlstg.nhs.uk) / HOURS: Monday to Friday 09:00 to 17:00

**\*This is a referral form for defendants attending court on bail and not those in custody\***

1. Please complete this form should the court wish to request a triage assessment from Liaison & Diversion Service (L&D) if they have concerns regarding a defendants’ ability to participate or with mental health concerns.
2. Once completed please ensure it is returned to L&D physically or via email with case bundle attached in order to fully assess any risks and ask the Crown Prosecutor to forward to IDPC to the L&D email.
3. The court should indicate to the defendant that consent needs to be given for the assessment to take place.

**\*Please email case bundle to the above secure email addresses\***

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| **REFERRAL** | | | | |
| **Reason for referral: (please tick)** | | | | |
| **Abnormal behaviour in court** | **Previous psychiatric history** | | | **Nature of offence** |
| **Advice on Placement** | **Input into pre- sentence report** | | | **Advised to refer by family** |
| **1. Details of the Defendant** | | | | |
| **Full name:** Damien Fraser | | **Date of birth:** 2/5/79 **Gender:** M | | |
| **Address:** 14 Allington Road W10 | | **Telephone/Mobile no:** | | |
| **Language spoken:** | | **Ethnicity:** | | |
| **Does this person require an interpreter?** Y/N | | **If so has one been booked by the court?** Y/N | | |
| **2. Provide additional details about your concern and known risks** | | | | |
| **RISK TO SELF (self-harm/suicidal ideation/self-neglect):** | | | | |
| **RISK TO OTHERS (physical/verbal/financial/psychological/emotional/sexual/neglect/to staff):**  **Previous and current offences of assault emergency worker. Previous hospital order and section. Family concerned recent mental health decline. Diagnosed PD and PTSD. Paranoia and irritability** | | | | |
| **VULNERABILITIES (learning disability/veteran/homelessness/LGBTQ+):**  **BAME)** | | | | |
| **3. Referrer information** | | | | |
| **Name and job title: Ros Olleson solicitor** | | | | |
| **Telephone/mobile no: 07951 242 693** | | | **Email:** | |
| **Signature (written or electronic):**  **R.Olleson** | | | **Date:13/7/21** | |
| **4. Solicitor details** | | | | |
| **Name:** | | | **Firm: BEPS** | |
| **Telephone/mobile no:** | | | **Email:** | |
| **5. Date due back in court for assessment** | | | | |
| **Date & time:** | | **Appointment agreed with L&D Team:** Y/N  **Name of L&D Team member:** | | |
| **Has the defendant consented for assessment to take place:** Y/~~N~~ | | | | |