

All responses are kept strictly confidential. Please note that the more information you provide us with, the greater the likelihood we can assist you and provide you with information on your next steps.

### Part 1 - About the incident

If "No", In which state or territory did the incident take place?		
Australian Capital Territory		
New South Wales		
O Northern Territory		
Queensland		
O South Australia		
Tasmania		
Western Australia		
a copy in the envelope when returning this form.		
nalf?*		
ngaged?		
ident?*		
1		

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# Part 2 - Impact of incident Did you suffer a physical injury as a result of your interaction with police?\* If "Yes", Did you receive any treatment for your physical injury?\* Yes No If "Yes", Please provide details of the treatment you received:\* Did you go to hospital as a result of your interaction with police?\* Yes No Did a paramedic / ambulance arrive at the incident to treat you?\* Yes No Have you been upset or distressed by the incident?\* Yes No I have you seen a psychologist, counsellor or psychiatrist about the incident? Yes No I have an appointment at a future date

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### Part 3 - Actions post-incident

Has an intervention order (IVO) been iss	sued?*	O Yes	O No
Were you charged by the police as a res	sult of the incident?*	O Yes	O No
If "Yes", Are there current proceedi	ngs to the charges?*	O Yes	O No
If "Yes", Do you have a cri	minal lawyer currently representing you?*	O Yes	O No
If "Yes", Do you have documentation  Yes - I can send relevant documentation			
	nore information about the charges and please in elope when returning this form.	nclude a copy of the	
If "Yes", Have you been to court as	a result of these charges?* a court appointment set at a future date		
If "Yes", When did you las:	• •		
dd/mm/yyyy			
If "I have a court appointr Do you know the date you		O Yes	O No
<b>If "Yes"</b> , Please le	et us know what date you will be attending o	court*	
dd/mm/yyyy			

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# Part 4 - Further information Is there any further information regarding the incident you would like to add? Please add any further information below. Part 5 - Your contact information In order to help you with your assessment, we require your contact details. First name: Last name: I identify my gender as: Phone: Email: Once completed, return this form to: Attention: Jeremy King c/o Robinson Gill Lawyers Level 3 / 990 Whitehorse Road Box Hill, VIC 3128

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