|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Key information** | | | | | | |
| **Defendant:** | |  | **Court Case ID:** | | |  |
| **Date of birth:** | |  | **PNC ID:** | | |  |
| **CRN:** | |  | **Requesting court:** | | |  |
| **Current address:** | |  | **Hearing date:** | | |  |
|  | | | | | | |
| **Offences** | | | | | | |
| **Offence title**  Offence description | | | | **Offence title**  Offence description | | |
| **Offence title**  Offence description | | | | **Offence title**  Offence description | | |
|  | | | | | | |
| **Suitability decision** | | | | | | |
| **Not suitable / Suitable for unpaid work**  Reason for decision | | | | | | |
| **Not suitable / Suitable for electronic monitoring curfew**  Reason for decision | | | | | | |
| **Primary curfew address:** |  | | | **Secondary curfew address:** |  | |
| **Concerns that require further assessment:**  Summary of concerns | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How information was checked** | | | | |
| **Domestic abuse:** | Choose an option | | **Address:** | Choose an option |
| **Safeguarding:** | Choose an option | | **Employment / working pattern** | Choose an option |
| **Informed consent for electronic monitoring curfew:** | Choose an option | | **Health conditions:** | Choose an option |
| **Dependants and caring responsibilities:** | Choose an option | | **Benefits:** | Choose an option |
|  | | | | |
| **Assessor details** | | | | |
| **Author’s name:** | |  | | |
| **Author’s team:** | |  | | |
| **Team email:** | |  | | |
| **Date published** | |  | | |