**DIVERSION FROM PROSECUTION: PATHWAY B – INTERVENTION REPORT**

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| **Diversion from Prosecution – Intervention Report** |
| **COPFS Reference** |  |
| **SW Reference** |  |
| **Local Authority** |  |

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| **Referring Procurator Fiscal**  |
| Name  |  |
| Telephone Number |  |
| Email |  |

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| --- |
| **Person’s Details** |
| Name |  |
| Date of Birth |  |
| Address |  |

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| **Report Author**  |
| Name  |  |
| Telephone Number |  |
| Email |  |
| Position |  |
| Date |  |
| Signature |  |

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| **Key Dates** |
| PF Referral |  |
| Intervention commenced |  |
| Intervention ceased |  |

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| **Report Details**  |
| (summary of initial assessment, needs etc.) |
| **Engagement and Participation** |
| (attendance, session regularity etc.) |
| **Intervention Plan Progress** |
| (nature of the intervention – focused work, providers, outcomes etc) |
| Any other relevant information not captured above: |

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| **Outcome of DfP** |
| Completed |  | Not completed |  |

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| **Where DfP not completed, provide details:** |
| (non-attendance, non-engagement etc.) |