**DIVERSION FROM PROSECUTION: PATHWAY B - SUITABILITY REPORT**

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

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

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

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| --- | --- |
| **Nature of DfP Case** | |
| Date of Referral |  |
| Receiving Local Authority |  |

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

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| **Pathway B - due to the nature of the alleged offence Justice Services do not have an appropriate pre-sentence risk assessment tool to identify the potential risks and intervention/treatment needs that may be required to safely manage the potential risks in the community. This Suitability Report is focused on the welfare needs identified by the PF, through interview and the use of an appropriate needs assessment, for example outcome star or radar chart. DfP does not deliver risk-based interventions.** |

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| **DfP Suitability Status** | | |
| Suitable | YES | NO |

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| **If SUITABLE** |
| **Interview/verification** |
| (interview details, documents referenced, verification, liaison etc.) |
| **Assessment** |
| (needs, details of alleged offence, victim attitudes, rationale etc.) |
| **Intervention Plan** |
| (activities, referrals, intervention, outcomes etc.) |
| **Indicative Timescale** |
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| **If NOT SUITABLE** | |
| ***Tick one of the boxes below and give details as indicated*** | |
|  | ***Person refused*** – contact made but they did not engage with the DfP process or has explicitly stated they do not wish to participate: (please provide details below) |
|  | ***Unable to make contact*** – social work has been unable to make contact with them despite the following attempts: (please provide details below) |
|  | ***Agency assessment indicates unsuitability*** - the person cannot be appropriately dealt with by Local Authority. This is on the basis that: (please provide details below) |
|  | ***Other*** - For the reasons outlined, the person is not suitable for DfP: (full details to be provided) |