**ASB INJUNCTION - YOUTH JUSTICE SERVICE CONSULTATION FORM**

Section 14 (1) (a) of the Anti-social Behaviour, Crime and Policing Act 2014 states:

*‘A person applying for an injunction under section 1 must before doing so consult the local youth offending team about the application, if the respondent will be aged under 18 when the application is made.’*

The decision was made at the multi-agency ASB Meeting on INSERT DATE to apply for an injunction in relation to the below individual. Please, therefore, provide the below information and return this form to INSERT EMAIL ADDRESS by INSERT DEADLINE.

*Lead Officer to complete Sections One - Three*

*YJS to complete Sections Four - Six*

|  |  |  |
| --- | --- | --- |
| **SECTION ONE** *(to be pre-populated by Lead Officer)* | | |
| **Lead Officer Contact Details:** | | |
| Name: | |  |
| Job Title: | |  |
| Email: | |  |
| Tel: | |  |
|  | | |
| **SECTION TWO** *(to be pre-populated by Lead Officer)* | | |
| **Details of Young Person:** | | |
| Name: | |  |
| Address: | |  |
| Date of Birth: | |  |
|  | | |
| **ASB Details:** | | |
| Details of alleged incidents: | |  |
| Details of previous interventions:  (Demonstrating that all other multi-agency alternatives have been tried/explored) | |  |
| To your knowledge, are there any safeguarding or CRE concerns?  If ‘Yes’, provide details | | YES/NO |
|  |
| Rationale for injunction application:  (Demonstrating how any previous YJS observations have been considered) | |  |
|  | | |
| **SECTION THREE** *(to be pre-populated by Lead Officer)* | | |
| **Court Details** *(as already agreed or date for urgent application):* | | |
| Court location: | |  |
| Hearing Date and Time: | |  |
|  | | |
| **Details of Proposed Injunction:** | | |
| Duration of Injunction: | |  |
| Proposed Prohibitions:  (including duration where it differs from the injunction duration indicated above) | |  |
| Proposed Power of Arrest:  (including rationale for inclusion) | |  |
| Proposed Positive Requirements:  (including who will be responsible for supervising each one) | |  |
|  | | |
| **SECTION FOUR** *(to be completed by YJS)* | | |
| **YJS Supervision Details:** | | |
| Is the young person known to the YJS? | | YES/NO |
| Is the young person under current supervision?  If ‘Yes’, state the type, term and duration of the disposal  (including Court Orders, Out of Court Disposals and YJS prevention work) | | YES/NO |
|  |
| Does the young person have any matters due for sentencing in the near future?  If ‘Yes’, provide details of the recommendations in the YJS report for Court | | YES/NO |
|  |
| What type of interventions have the YJS already done with this young person? | |  |
| Are the YJS aware of any wider Children’s Services / Safeguarding involvement?  If ‘Yes’, provide details of their involvement and a YJS view of the interventions / current position. | | YES/NO |
|  |
|  | | |
|  | | |
| **SECTION FIVE** *(to be completed by YJS)* | | |
| **YJS Assessment of Proposed Injunction:** | | |
| Does the YJS support the injunction application?  If ‘No’, indicate your reasoning, including information about how the existing support will manage the ASB and reduce the impact of the ASB on the community. | | YES/NO |
|  |
| Is the proposed duration appropriate?  If ‘No’, indicate your recommended term and reasoning. | | YES/NO |
|  |
| Are the proposed prohibitions appropriate to address the ASB?  If ‘No’, please indicate your recommended prohibitions, and reasoning.  (include the duration where it differs from the duration of the injunction) | | YES/NO |
|  |
| Is the proposed positive requirement(s) appropriate to address the underlying causes of the ASB?  If ‘No’, indicate the positive requirement(s) that you could provide to support the injunction and your reasoning for this. | | YES/NO |
|  |
| Provide details of the work to be undertaken as part of positive requirement(s) supervised by the YJS. | |  |
| Please confirm the YJS agrees to supervise the positive requirement(s), as indicated. (NB this includes supporting enforcement of breach of the positive requirements) | | YES/NO |
|  | | |
| **SECTION SIX** *(to be completed by YJS)* | | |
| **YJS Contact Details:** | | |
| Name: |  | |
| Job Title: |  | |
| Email: |  | |
| Tel: |  | |
| Date: |  | |