**CRIMINAL BEHAVIOUR ORDER - YOUTH JUSTICE SERVICE CONSULTATION FORM**

Section 22 (8) of the Anti-social Behaviour, Crime and Policing Act 2014 states:

*‘The prosecution must find out the views of the local youth offending team before applying for a criminal behaviour order to be made*

*if the offender will be under the age of 18 when the application is made.’*

The decision was made at the multi-agency ASB Meeting on INSERT DATE to apply for a Criminal Behaviour Order (CBO) 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*

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| --- | --- |
| **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 CBO application:  (Demonstrating how any previous YJS observations have been considered) |  |
|  | |
| **SECTION THREE** *(to be pre-populated by Lead Officer)* | |
| **Court Details** *(as already agreed):* | |
| Court location: |  |
| Hearing Date and Time: |  |
|  | |
| **Details of Proposed CBO:** | |
| Duration of CBO: |  |
| Proposed Prohibitions:  (including duration where it differs from the CBO duration indicated above) |  |
| 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 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 CBO:** | |
| Does the YJS support the CBO 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 CBO) | 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 CBO 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: |  |