**GUEST PROFESSIONAL FORM – Telephone, AVL, In-Person**

**Request for GUEST Professional Appointment with Inmate or Detainee (V5)**

To book an appointment with an inmate or detainee please complete this form, then fax or e-mail it to the relevant [Correctional Centre](https://correctiveservices.dcj.nsw.gov.au/csnsw-home/correctional-centres/find-a-correctional-centre.html) indicated below. Please allow up to three business days for processing.

**NOTE: Forms received after 3pm the day before a requested appointment may not be processed in time.**

|  |  |  |
| --- | --- | --- |
| **How will you be attending this appointment?** (Select ONE only) | | |
| **Telephone** | **AVL/Video \***  **Note – Software download required** | **In Person** |
| ***INSTRUCTIONS*** *–* ***Fax or e-mail form to Correctional Centre or Youth Justice Centre where the inmate/detainee is located.***  *If unsure of inmate location, please contact:*  *Inmate Locations on 02 8346 1000 or* [*https://correctiveservices.dcj.nsw.gov.au*](https://correctiveservices.dcj.nsw.gov.au)  *Youth Justice*[*https://www.youthjustice.dcj.nsw.gov.au*](https://www.youthjustice.dcj.nsw.gov.au) | | |
| Notifications of booking confirmations, reminders with dialling details and changes to appointments (for example, due to inmate/detainee movement) will be forwarded to attendees via the JUST Connect system. Contact JUST Connect for further information on 02 8759 0010 or [justconnect@justice.nsw.gov.au](mailto:justconnect@justice.nsw.gov.au) | | |
|  |  |  |
| **Inmate/Detainee Details:** | Corrections Inmate | Juvenile Detainee |
|  |  |  |
| **Centre Location:** | | **MIN/CIMS:** |
|  |  |  |
| **Inmate/Detainee Name:** | | |
|  |  |  |
| **Purpose of booking:** |  |  |
| Legal Aid assigned matter | ALS assigned matter | Private legal matter |
| Conference with client | Instructions | Other: |
|  |  |  |
| **Appointment details:** | Meeting | Assessment |
|  |  |  |
| **Appointment Preferences** (if possible, requests will be accommodated as closely to requested time as possible) | | |
| **Duration in minutes:** | **Date:** | **Date:** |
| **Duration in minutes:** | **Time:** | **Time:** |
|  |  |  |
| **Professional Attendee Details**  **Please DO NOT submit this form if you have an active Professional JUST Connect account.** | | |
| **Name:** | | **VIN:** |
| **Organisation** | | |
| **Landline No:** |  | **Mobile no:** |
| **E-mail:** | | |
| **MUST** be an individual email address for notifications as group email cannot be processed | | |
|  |  |  |
| **Additional Professional Attendee Details** | | |
| **Name:** | | **VIN:** |
| **E-mail:** | | **Mobile no:** |
|  |  |  |
| **Name:** | | **VIN:** |
| **E-mail:** | | **Mobile no:** |
|  |  |  |
| **Approval Required by Correctional Centre** | | |
| **CC Staff Name:** | | **Date:** |
| **Correctional Centres** – Please create a GUEST ATTENDEE in JUST Connect if required | | |

