

The Shopfront

YOUTH LEGAL CENTRE

Mental health and cognitive impairment Criminal proceedings in Local and Children's Courts

1 Introduction

The Local and Children's Courts in NSW have special diversionary procedures to deal with criminal cases involving defendants with mental health issues or cognitive impairments.

Diversion means that the charge can be dismissed, usually on the condition that the defendant gets appropriate treatment or support. In some cases a defendant who is mentally ill can be sent to hospital.

Different procedures apply to charges that are dealt with on indictment in the District and Supreme Courts. This fact sheet does not deal with these types of cases.

2 Changes to the law in 2021

Until March 2021, the diversionary procedures were set out in the *Mental Health (Forensic Provisions) Act 1990* (NSW), mainly in sections 32 and 33. Many people will be familiar with the concept of a "section 32 application".

A new Act, the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* (NSW), came into force on 27 March 2021.

The diversionary procedures under the new Act are very similar to the old sections 32 and 33. The main changes will be explained in this fact sheet.

Charges laid before 27 March 2021 will still be dealt with under sections 32 and 33 of the old *Mental Health (Forensic Provisions) Act*.

Charges laid on or after 27 March 2021 will be dealt with under Parts 2 and 3 of the new *Mental Health and Cognitive Impairment Forensic Provisions Act*.

3 Definitions

3.1 *Mental Health Act 2007*

Both the old *Mental Health (Forensic Provisions) Act* and the new *Mental Health and Cognitive Impairment Forensic Provisions Act* use some terms that are defined in the *Mental Health Act*.

Mental illness

According to section 4 of the *Mental Health Act*:

Mental illness means a condition which seriously impairs, either temporarily or permanently, the mental functioning of a person and is characterised by the presence in the person of any one or more of the following symptoms:

- (a) delusions,

- (b) hallucinations,
- (c) serious disorder of thought form,
- (d) a severe disturbance of mood,
- (e) sustained or repeated irrational behaviour indicating the presence of any one or more of the symptoms referred to in paragraphs (a)-(d).

Mentally ill person

According to section 14 of the *Mental Health Act*:

A person is a **mentally ill person** if the person is suffering from a mental illness, and, owing to that illness, there are reasonable grounds for believing that care, treatment or control of the person is necessary:

- (a) for the person's own protection from serious harm, or
- (b) for the protection of others from serious harm.

In considering whether a person is a mentally ill person, the continuing condition of the person, including any likely deterioration of the person's condition and the likely effects of any such deterioration, are to be taken into account.

Mentally disordered person

According to section 15 of the *Mental Health Act*:

A person (whether or not the person is suffering from mental illness) is a mentally disordered person if the person's behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment or control of the person is necessary:

- (a) for the person's own protection from serious physical harm, or
- (b) for the protection of others from serious physical harm.

3.2 Old *Mental Health (Forensic Provisions) Act*

Cognitive impairment

According to section 32(6) of the *Mental Health (Forensic Provisions) Act*:

Cognitive impairment means ongoing impairment of a person's comprehension, reasoning, adaptive functioning, judgment, learning or memory that materially affects the person's ability to function in daily life and is the result of damage to, or dysfunction, developmental delay or deterioration of, the person's brain or mind, and includes (without limitation) any of the following:

- (a) intellectual disability,
- (b) borderline intellectual functioning,
- (c) dementia,
- (d) acquired brain injury,
- (e) drug or alcohol related brain damage, including foetal alcohol spectrum disorder,
- (f) autism spectrum disorder.

Mental condition

The Act also uses the term "**mental condition**", which is not defined but could include a mental disability that is not a mental illness or a cognitive impairment (for example, some types of personality disorder).

3.3 New Mental Health and Cognitive Impairment Forensic Provisions Act

The definition of “**cognitive impairment**” is fairly similar to the one in the old Act.

However, in the new Act, the concepts of “mental illness” and “mental condition” have been replaced with “**mental health impairment**”. Some points to note:

- A mental health impairment would include a mental illness and some types of personality disorder.
- It does not include intoxication or a substance use disorder. It probably does not include a psychosis that is wholly drug-induced. However, many people with substance use disorders have co-morbid mental health issues which would come within the definition.
- The person’s disturbance of thought, mood, etc must be “significant for clinical diagnostic purposes”, which means that ordinary emotions such as sadness, grief or anger would not amount to a mental health impairment.

Cognitive impairment

Section 5 of the *Mental Health and Cognitive Impairment Forensic Provisions Act*:

(1) For the purposes of this Act, a person has a **cognitive impairment** if—

- (a) the person has an ongoing impairment in adaptive functioning, and
- (b) the person has an ongoing impairment in comprehension, reason, judgment, learning or memory, and
- (c) the impairments result from damage to or dysfunction, developmental delay or deterioration of the person’s brain or mind that may arise from a condition set out in subsection (2) or for other reasons.

(2) A cognitive impairment may arise from any of the following conditions but may also arise for other reasons:

- (a) intellectual disability
- (b) borderline intellectual functioning,
- (c) dementia,
- (d) an acquired brain injury,
- (e) drug or alcohol related brain damage, including foetal alcohol spectrum disorder,
- (f) autism spectrum disorder.

Mental health impairment

Section 4 of the *Mental Health and Cognitive Impairment Forensic Provisions Act*:

(1) For the purposes of this Act, a person has a **mental health impairment** if--

- (a) the person has a temporary or ongoing disturbance of thought, mood, volition, perception or memory, and
- (b) the disturbance would be regarded as significant for clinical diagnostic purposes, and
- (c) the disturbance impairs the emotional wellbeing, judgment or behaviour of the person.

(2) A mental health impairment may arise from any of the following disorders but may also arise for other reasons--

- (a) an anxiety disorder,
- (b) an affective disorder, including clinical depression and bipolar disorder,
- (c) a psychotic disorder,
- (d) a substance induced mental disorder that is not temporary.

(3) A person does not have a mental health impairment for the purposes of this Act if the person's impairment is caused solely by--

- (a) the temporary effect of ingesting a substance, or
- (b) a substance use disorder.

4 Section 32 of the *Mental Health (Forensic Provisions) Act* (for charges laid before 27 March 2021)

4.1 What charges does it apply to?

Section 32 of the old *Mental Health (Forensic Provisions) Act* applies to charges laid before 27 March 2021.

It applies to **offences under NSW law** being **dealt with summarily** in the Local or Children's Court. In practice this means most types of offences, except for very serious ones.

It **does not apply** to offences which are strictly indictable or where the prosecutors have made an election to deal with an offence on indictment, even if the charges are still in the Local or Children's Court.

See our *Criminal procedure - an overview* fact sheet for an explanation of the difference between summary and indictable offences.

Section 32 also **does not apply to Commonwealth offences**. For these offences there is a separate procedure under section 20BQ of the Commonwealth *Crimes Act* (see the section towards the end of this fact sheet for details).

4.2 Who does it apply to?

Section 32 applies if it appears to the Magistrate that the defendant is (or was at the time of the alleged offence):

- (a) **cognitively impaired**; or
- (b) suffering from a **mental illness**; or
- (c) suffering from a **mental condition** for which treatment is available in a mental health facility;

but is **not a mentally ill person** within the *Mental Health Act*.

The Magistrate must also be satisfied that it is **more appropriate to deal with the matter under section 32** than according to law.

4.3 Types of orders

The orders made under section 32 are usually **final orders**, which involve dismissing the charge and discharging the defendant:

- (a) into the care of a responsible person, unconditionally or subject to conditions;
- (b) on the condition that the defendant attend a certain place or person for assessment and/or treatment; or
- (c) unconditionally.

4.4 When and how is a section 32 application made?

A section 32 order can be made at **any stage of the proceedings**.

Magistrates rarely make section 32 orders of their own volition. A defendant must usually make a **section 32 application** to the court, preferably through a lawyer.

A defendant **does not have to enter a plea** to make a section 32 application, and cannot be made to incriminate themselves (e.g. by admitting to allegations made by police). However, a section 32 application can still be made after the defendant has entered a plea (whether guilty or not guilty) or after they have been found guilty.

The application will usually need to be supported by a **psychiatric or psychological report** which sets out a diagnosis. This may be provided by a practitioner who is already working with the client. Alternatively the defendant's lawyer may organise an independent assessment (often with funding from Legal Aid). In courts where the Justice Health Court Liaison Service operates, a Justice Health report may also be an option.

In most cases there will also need to be a **case plan**, also known as a **support plan** or **treatment plan** (see below).

4.5 What does the court take into account?

The defendant (or their lawyer) will be trying to convince the Magistrate that it is more appropriate to dismiss the charges under section 32 than to deal with them according to normal criminal procedures.

The **appropriateness** of dealing with someone under section 32 is not a matter of whether the defendant understands the court process, or knows the difference between right and wrong, although these factors are sometimes relevant.

Factors which might influence the Magistrate's decision are the seriousness of the alleged offence, the link between the alleged offence and the defendant's disability or mental illness, any prior criminal history, and how good the proposed support plan is.

4.6 Case plans and responsible persons

Most Magistrates will not deal with charges under section 32 unless they are satisfied that the defendant is likely to receive appropriate support and/or treatment. A good **case plan** (also referred to as a "support plan" or a "treatment plan") is important.

Sometimes a case plan will be prepared by an existing service or treatment provider (for example, a GP, Community Mental Health Centre, or NDIS support coordinator). The Justice Health Court Liaison Service may also be able to help with a case plan.

As well as a case plan, the Magistrate will usually want a "**responsible person**" to agree to monitor the defendant and ensure they comply with whatever conditions the court imposes.

Unlike good behaviour bonds, community correction orders, parole, etc (which are supervised by Community Corrections or Youth Justice officers), there is no agency with a legal mandate to supervise section 32 orders. Instead, the court relies on the voluntary cooperation of health practitioners, disability services and others to fulfil the role of "responsible person".

Instead of releasing the defendant into the care of a "responsible person", the court may order that the defendant attend a specified place or upon a specified person for assessment or treatment. This type of order may be appropriate where there is no individual to nominate as a responsible person, but the defendant regularly attends a community mental health centre or other service.

For guidance on preparing case plans, and the role of a responsible person, see *Tips for support workers* at the end of this fact sheet.

4.7 Consequences of a section 32 order

If a Magistrate makes a final order under section 32, this means the **charge is dismissed** - although, if the defendant breaches any conditions within 6 months of the order, they could be brought back to court to have the charge dealt with again.

A section 32 order **does not amount to a finding of guilt or a finding of not guilty**.

It does not count as a conviction and therefore does not form part of a person's criminal record. However, if the person is dealt with in court for another charge in the future, the court may be able to take previous section 32 orders into account.

4.8 Enforcement of section 32 orders

If the person breaches a condition of a section 32 order (e.g. by disengaging from treatment or not following their case plan) within **six months** after the making of the order, they may be brought back to court.

It is not an offence to breach conditions of a section 32 order and the person cannot be punished for this. However, the Magistrate will have to reconsider how to deal with the case, and this could result in the defendant being convicted and punished for the original charges.

Breaches of section 32 orders are rare. Usually the court will allow the section 32 order to continue as long as the defendant has re-engaged with their treatment or case plan.

For guidance on reporting breaches if you are a "responsible person" or support/treatment provider, see *Tips for support workers* at the end of this fact sheet.

5 Section 33 of the *Mental Health (Forensic Provisions) Act* (for charges laid before 27 March 2021)

5.1 What charges does it apply to?

Section 33 is similar to section 32 in the types of charges it applies to.

5.2 Who does it apply to?

The difference between section 32 and 33 is that section 33 applies to a defendant who is, **at the time of the court appearance**, a "**mentally ill person**" according to the *Mental Health Act*.

5.3 Types of orders

Section 33(1) allows a Magistrate to:

- (a) order that the defendant be taken by a police officer (or other officer such as a Corrective Services or a Youth Justice Officer) to a **hospital** and detained there for assessment;
- (b) as above, but with an additional condition that the defendant is to be brought back to court if he or she is *not* found to be a mentally ill or mentally disordered person; or
- (c) **discharge** the defendant into the care of a responsible person, unconditionally or subject to conditions.

An "authorised officer" dealing with a bail application (generally a Justice of the Peace at a weekend bail court) may also make an order under section 33(1)(a) or (b) for the defendant to be taken to hospital for assessment.

Section 33(1A) also allows a Magistrate to make a **Community Treatment Order (CTO)** for the mandatory treatment of the defendant. This order may be made only if the

Magistrate could have made it under the *Mental Health Act*. Before a CTO can be made, a health care agency must have an appropriate treatment plan and be capable of implementing it.

Unlike section 32, courts often use section 33 as an **interim** measure, to enable the defendant to get psychiatrically assessed (and, if necessary, treated) in the early stages of the case.

In many cases, the defendant will be brought back to court when they are discharged from hospital, so that the charges can be dealt with. This may involve dismissing the charges under section 32 or 33, or dealing with them according to normal criminal procedures.

5.4 Making a section 33 application

Like a section 32 application, an application for a final order under section 33 will usually need to be supported by a good **report** and, if possible, a **case plan**.

Sometimes there may be no psychiatric evidence available but it appears clear to the Magistrate that the defendant is very unwell. In this case, the Magistrate may order that the defendant be **taken to hospital for assessment**. Often, this will also include an order that the person be brought back to court if they are not found to be a “mentally ill person” and not admitted to hospital.

The Mental Health Court Liaison service run by **Justice Health** has an important role to play here. At courts where this service is available, they may be called upon to perform an assessment which will inform the Magistrate’s decision to deal with the matter under section 33.

5.5 Consequences of a section 33 order

An order under section 33 does not always result in the court case being finalised.

If a Magistrate makes a **final order** under section 33(1)(c), this means the **charge is dismissed** (although, if the defendant breaches any conditions within 6 months of the order, they could be brought back to court to have the charges dealt with again).

Like a section 32 order, a section 33 order **does not amount to a finding of guilty or not guilty**. It does not count as a conviction and therefore does not form part of a person’s criminal record. However, if the person is dealt with in court for another charge in the future, the court may take previous section 32 or 33 orders into account.

5.6 Enforcement of orders

The defendant may be **brought back before the court, within 6 months** of the order, to be further dealt with in relation to the charge.

This may happen if the defendant has breached a condition of the order, or if they have been sent to hospital under section 33(1)(a) and discharged before 6 months is up.

6 Sections 12-17 of the new *Mental Health and Cognitive Impairment Forensic Provisions Act* (for charges laid on or after 27 March 2021)

6.1 What charges does it apply to?

Part 2 Division 2 (sections 12-17) of the new Act applies to charges laid on or after 27 March 2021.

Just like the old section 32, these sections apply to offences under NSW law being dealt with summarily in the Local or Children's Court. They do not apply to offences which are being dealt with on indictment or to Commonwealth offences.

6.2 Who does it apply to?

These sections apply if it appears to the Magistrate that the defendant has (or had at the time of the alleged offence) a **mental health impairment** or a **cognitive impairment**, or both.

As with the old section 32, the Magistrate must also be satisfied that it is **more appropriate** to deal with the matter under the diversionary procedures.

6.3 Types of orders

The types of orders that can be made are similar to orders under the old section 32.

Section 14 allows the court to **dismiss** the charge and discharge the defendant:

- (a) into the care of a responsible person, unconditionally or subject to conditions;
- (b) on the condition that the defendant attend on a person or at a place specified by the Magistrate for assessment, treatment or the provision of support for the defendant's mental health impairment or cognitive impairment; or
- (c) unconditionally.

6.4 When and how is a section 14 application made?

Like the old section 32, a section 14 order can be made at **any stage of the proceedings** and the defendant **does not have to enter a plea**. A section 14 application is made in a similar way to a section 32 application.

6.5 What does the court take into account?

Section 15 of the new Act sets out a **list of factors** for the Magistrate to consider. These are similar to the things that Magistrates currently consider when dealing with section 32 applications, but this is the first time they have been listed in the Act. Section 15 says:

In deciding whether it would be more appropriate to deal with a defendant in accordance with this Division, the Magistrate may consider the following—

- (a) the nature of the defendant's apparent mental health impairment or cognitive impairment,
- (b) the nature, seriousness and circumstances of the alleged offence,
- (c) the suitability of the sentencing options available if the defendant is found guilty of the offence,
- (d) relevant changes in the circumstances of the defendant since the alleged commission of the offence,
- (e) the defendant's criminal history,

- (f) whether the defendant has previously been the subject of an order under this Act or section 32 of the Mental Health (Forensic Provisions) Act 1990,
- (g) whether a treatment or support plan has been prepared in relation to the defendant and the content of that plan,
- (h) whether the defendant is likely to endanger the safety of the defendant, a victim of the defendant or any other member of the public,
- (i) other relevant factors.

6.6 Case plans and responsible persons

As with section 32 applications, most section 14 applications will need a good case plan in order to succeed. The new Act uses the terms “**support plan**” and “**treatment plan**”.

The role of the “responsible person” is also the same.

6.7 Consequences of a section 14 order

A final order under section 14 is much the same as a final order under section 32.

The only difference is that an order under section 14 is enforceable for 12 months instead of 6 months.

6.8 Enforcement of orders

Enforcement and breach proceedings are the same as under the old section 32, except that a defendant can now be called up for a breach at any time within **12 months** of the order being made.

7 Sections 18-24 of the new *Mental Health and Cognitive Impairment Forensic Provisions Act* (for charges laid on or after 27 March 2021)

7.1 What charges does it apply to?

Part 2 Division 3 (sections 18-24) of the new Act applies to charges laid on or after 27 March 2021.

It applies to the same types of charges as sections 12-17, that is, charges being dealt with summarily, excluding Commonwealth offences.

7.2 Who does it apply to?

Like the old section 33, these new provisions apply to a defendant who is, at the time of the court appearance, a “**mentally ill person**” according to the *Mental Health Act*.

Additionally, they now apply to a defendant who is a “**mentally disordered person**”.

7.3 Types of orders

Like the old section 33(1), the new **section 19** allows a Magistrate to:

- (a) order that the defendant be taken to a **hospital** and detained there for assessment;
- (b) as above, but with an additional condition that the defendant is to be brought back to court if he or she is not found to be a mentally ill or mentally disordered person; or
- (c) **discharge** the defendant into the care of a responsible person, unconditionally or subject to conditions.

An “authorised officer” dealing with a bail application (generally a Justice of the Peace at a weekend bail court) may also make an order under section 19(1)(a) or (b) for the defendant to be taken to hospital for assessment.

Like the old section 33(1A), the new section 20 allows a Magistrate to make a **Community Treatment Order (CTO)**.

7.4 Making a section 19 application

The process is the same as under the old section 33.

7.5 Consequences of a section 19 order

The consequences of an order under 19 are the same as an order under section 33.

7.6 Enforcement of orders

Unlike the new section 14, which is enforceable for 12 months, section 19 is enforceable for only 6 months.

The defendant may be **brought back before the court, within 6 months** of the order, to be further dealt with in relation to the charge.

This may happen if the defendant has breached a condition of the order, or if they have been sent to hospital under section 33(1)(a) and discharged before 6 months is up.

8 Section 20BQ of the Commonwealth *Crimes Act* – for Commonwealth offences

Most criminal offences are dealt with by state laws. However, there are some offences created by Commonwealth laws which apply all over Australia. These involve matters such as social security, taxation, customs, immigration, telecommunications or trade. An example of a Commonwealth offence often seen in Local Courts is “using a carriage service to menace, harass or offend”.

Commonwealth offences have their own diversionary procedure in section 20BQ of the Commonwealth *Crimes Act*.

Section 20BQ is quite similar to section 32 or section 14 of the NSW law. The main differences are:

- It applies to a person with a “mental illness” (as defined by the relevant state law, which in NSW is the *Mental Health Act*) or “intellectual disability”.
- It applies only if the person has the illness or disability at the time of the court appearance (with intellectual disability and many types of mental illness, this will not be an issue, but it may exclude some people who had a temporary episode of mental illness at the time of the offence).
- An order under section 20BQ is enforceable for a period decided by the court, which can be up to 3 years.
- There is no Commonwealth equivalent to section 33 or section 19 of the NSW law. There is no power under section 20BQ to send someone to hospital.

9 Tips for support workers

If you are working with a client with a mental health or cognitive impairment (whether you are a case worker, youth worker, social worker, disability worker, health worker, etc), you may be asked to put together a case plan or to take on the role of “responsible person”.

9.1 Case plan, support plan or treatment plan

Unless the charges are very minor, a good **case plan** (or **support plan** or **treatment plan**, which are the terms used in the new *Mental Health and Cognitive Impairment Forensic Provisions Act*) is important.

These terms are often used interchangeably. However, we suggest you avoid using the term “treatment plan” in connection with a cognitive impairment such as an intellectual disability, which is not an illness and cannot be treated.

A case plan will **outline the treatment or support services** that the defendant is receiving for their mental illness or cognitive impairment. It may also include engagement with social support services such as housing, education and employment.

For defendants who are charged with serious or repeat offences, case plans should be as detailed as possible. Ideally, the case plan should be specific about how it aims to treat any mental health issues and address the (alleged) offending behaviour.

If there is a psychiatric or psychological assessment report, the psychiatrist or psychologist will often set out a recommended treatment plan or support plan. It may be up to you as a support worker to help implement that plan, and to write a letter to the court detailing the support the client is receiving and the referrals that have been made.

9.2 Who is a “responsible person” and what do they have to do?

A Magistrate may make an order to discharge the defendant into the care of a “**responsible person**”.

The responsible person does not need to be a mental health professional or disability specialist. For example, they can be a general practitioner, youth worker, counsellor or case worker. They are responsible for co-ordinating the client’s support plan by making sure they attend appointments, take their medication, etc.

The responsible person does not have to be at court (although their presence may improve the chances of a successful application) or to sign a copy of the order.

The responsible person does not have any legal obligation to provide services, although of course there would be an ethical duty to follow through with a plan that has been presented to the court.

When making a diversionary order, a Magistrate will sometimes ask the responsible person to make an **undertaking** (promise) to supervise the case plan and to notify the court if the defendant breaches the conditions. In this case, the responsible person would have a duty to report a breach to the court, but otherwise there is no legal obligation to do so.

9.3 Reporting breaches of diversionary orders

A **responsible person** would generally have a duty to report a breach if they made an **undertaking** to the court at the time of the application.

Otherwise, there is **no legal obligation to report a breach**.

Section 32A of the old Act and section 17 of the new Act says a “treatment provider” **may** report a breach, without getting into legal trouble for breaching client confidentiality.

If the “responsible person” has made an undertaking to the court, or feels ethically bound to report a breach, there is generally no need to report minor breaches like one or two missed appointments. The court will usually only be concerned about significant breaches like disengagement from the agreed treatment or case plan.

To report a breach, the responsible person would generally write to the relevant court. The Magistrate may then decide to relist the matter and call on the defendant to appear at court.

10 Further information and contacts

10.1 Justice Health Court Liaison Service

The Mental Health Court Liaison Service is run by Justice Health, which is part of NSW Health. It operates in some, but unfortunately not all, Local and Children's Courts around NSW.

The Justice Health Court Liaison workers are usually psychiatric nurses. They are very helpful in performing assessments (with additional input from psychiatrists if necessary), making referrals, and helping to put together treatment or support plans.

10.2 Justice Advocacy Service (JAS)

The Justice Advocacy Service (JAS) is run by the Intellectual Disability Rights Service (IDRS). JAS provides support for victims, witnesses, suspects and defendants in the NSW criminal justice system who have a cognitive impairment.

For more information see <https://idrs.org.au/jas/>. To make a referral call 1300 665 908.

10.3 Cognitive Impairment Diversion Program and similar programs

The Cognitive Impairment Diversion Program (CIDP) ran from 2017-2020 as a pilot program at Penrith and Gosford Local Courts. It provided assessments and case management for people with cognitive impairments, and helped them access NDIS services and section 32 diversion if eligible: <https://idrs.org.au/what-we-do/cipd/>.

The Cognitive Impairment Diversion Program is no longer running. However, in June 2021, the NSW government announced funding for new court-based diversion services at the Downing Centre, Parramatta, Blacktown, Penrith, Gosford and Lismore Local Courts. This program is expected to start in 2022 and will likely be similar to the CIDP.

10.4 Publications

Legal Aid has a pamphlet about section 14 for people with cognitive impairments: <https://publications.legalaid.nsw.gov.au/PublicationsResourcesService/PublicationImprints/Files/525.pdf>.

The Intellectual Disability Rights Service (IDRS) has a step-by-step guide to section 32 applications for people with intellectual disabilities. Although some of the legal content is now out-of-date, it has helpful information about intellectual disability, and also has sample letters, support plans and case studies: <https://idrs.org.au/resources/section-32/>.

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The Shopfront Youth Legal Centre is a service provided by Herbert Smith Freehills, in association with Mission Australia and The Salvation Army.

This document was last updated in October 2021 and to the best of our knowledge is an accurate summary of the law in New South Wales at that time.

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