



### Hillingdon Mind Appropriate Adult Monitoring Form

#### 1. Referral details:

Police Station:	Date:
Custody Record No:	Custody Officer:

#### 2. Client's personal details:

Surname:	Forename(s):
Date of Birth:	Gender: Male/Female
Address:	
Postcode:	Resident in Hillingdon: Yes/No

#### 3. Ethnic monitoring:

Asian/Asian British <input type="checkbox"/>	White/Black Caribbean <input type="checkbox"/>
Indian <input type="checkbox"/>	White/Black African <input type="checkbox"/>
Pakistani <input type="checkbox"/>	White/Asian <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Other Mixed Parentage <input type="checkbox"/>
Other Asian <input type="checkbox"/>	
Black/Black British <input type="checkbox"/>	White British <input type="checkbox"/>
Caribbean <input type="checkbox"/>	White Irish <input type="checkbox"/>
African <input type="checkbox"/>	White Other <input type="checkbox"/>
Black Other <input type="checkbox"/>	Refused to provide information <input type="checkbox"/>
Chinese <input type="checkbox"/>	

#### 4. Vulnerability:

Mental health illness <input type="checkbox"/>	Learning difficulty <input type="checkbox"/>
Substance abuse <input type="checkbox"/>	Other (inc. literacy difficulties) <input type="checkbox"/>
Client status: Suspect/Witness/Victim	
Client received their rights? Yes/No	Police Doctor (FME)? Yes/No
Solicitor requested by: Client/Appropriate Adult/Police	

**5. Reason for arrest:**

Please specify most serious offence:
Breach of Bail: Yes/No

**6. Interview details:**

Interviewing Officer(s):	
Solicitor present? Yes/No	
Time interview commenced:	Time interview concluded:
Caution understood? Yes/No	Offence admitted? Yes/No

**7. Outcome of involvement:**

Charged <input type="checkbox"/>				Reported for summons <input type="checkbox"/>		Released on bail <input type="checkbox"/>	
Held for further enquiries <input type="checkbox"/>				NFA <input type="checkbox"/>			
Bailed to:		Police Station on		(Date) at		(Time)	
Bailed to		Court on		(Date) at		(Time)	
Detained for		Court on					
Cautioned? Yes/No		Time released:		Other:			

**8. Comments:**

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Time task commenced:
Time task completed:
Total time taken:

Appropriate Adult Name:	Date:
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**Please complete all sections of this form before submission**