Your details
Title Name Surname

Position

Organisation name

Address

SUBURB STATE POSTCODE

<Date>

The court’s details, e.g.

The Registry

Parramatta Local Court

PO Box XXXXX

PARRAMATTA NSW 2150

Dear Sir/Madam

**RE: JOHN WILLIAM SMITH (D.O.B. 25.04.1998)**

This report is prepared for use in court proceedings at the request of John William Smith (“John”).

**Backgound**

John approached this counselling service after breaching a casino exclusion order. He had not previously seen a gambling counsellor.

John has attended two face-to-face counselling sessions with me on <date> and <date>. He was punctual for appointments and has engaged positively in the counselling process.

**Presenting Issues**

John has a history of gambling on baccarat at the casino and self-excluded last year after a run of heavy losses. He returned to the casino in breach of his self-exclusion and an involuntary exclusion order was made. He couldn’t keep away from the casino, and has now received a court attendance notice.

John is worried about the impact a conviction will have on his employment as he works in the financial sector.

**Treatment**

At this stage treatment has only commenced, and we have explored the reasons why John gambles and the outcome he hopes to achieve from counselling. John has expressed a desire to continue with gambling counselling as he recognises the impact gambling harm has had on his life.

**Recommendations**

In the event that the Court decides to postpone sentencing, our service is available to provide ongoing gambling counselling to John. To achieve a good result from gambling counselling, John should commit to at least 8 further gambling counselling sessions.

I have read the Expert Witness Code of Conduct and agree to be bound by it.

Please do not hesitate to contact the writer for further information.

Your sign-off and relevant credentials, e.g.

Yours sincerely

Name Surname

Counsellor

MCouns&PsychTh

PACFA registration 12345