*attachment c*

**Children, Youth & Families Act 2005**

**Conciliation Conferences: Information Exchange Document**

**to be completed by best interests lawyers appointed under s524(4) of the *Children, Youth and Families Act***

Name(s) of subject child(ren) (include date/s of birth):

Date of Conference:

Filed on behalf of the child(ren):

Prepared by:

Date of document:

Legal representative:

Date of DFFH Addendum (or Agency) Report provided:

**THE APPLICATION & DISPOSITION**

***Application type:***

Order sought by DFFH (or Agency) (incl length):

***Order recommended by s524(4) lawyer:***

***Is there an alternative proposal to that proposed by DFFH (or Agency) which will ensure the child(ren)’s ongoing safety?***  Yes  No

Please specify: *e.g. child to live with mother, and MGM to provide fortnightly respite care*

***Do you require further information from DFFH (or Agency) or another party to make a recommendation regarding disposition?***  YesNo

Please specify:

**PROOF OF THE APPLICATION**

***Grounds of application:***  (a)  (b)  (c)  (d)  (e)  (f)  N/A

***Grounds recommended:***  (a)  (b)  (c)  (d)  (e)  (f)  N/A

***Is a finding of a breach of the order recommended?*** YesNo

***Do you require further information from DFFH (or Agency) or another party to make a recommendation regarding proof or breach?*** YesNo

Please specify:

**CONDITIONS OF ANY PROPOSED ORDER**

***Is there agreement to all conditions proposed by DFFH (or Agency)?*** YesNo

Identify the issue(s):

Contact condition

frequency  supervision

Residence condition

Screens condition

necessity  frequency/duration

Psychiatric assessment condition

Cognitive/neuropsychological assessment condition

Risk assessment

Drug and/or alcohol assessment

Parenting assessment

Any prohibitive condition e.g. *X must not live with Y*

Other

Please specify: eg. reunification schedule is recommended

If proposing a contact supervisor, has DFFH (or Agency) assessed this person.

Yes  No

***Are there additional conditions recommended*** Yes No

Please specify: *e.g. access condition in respect of an extended family member*

**ADDITIONAL MATTERS**

***Are there any additional matters relating to the child’s best interests that need to be discussed?***  Yes  No

Please specify: