Children, Youth & Families Act 2005

Conciliation Conferences: Information Exchange Document to be completed by self-represented parties

Date of Conciliation Conference:	
Name(s) of child(ren) and their birthdates:	
Your name:	
Your relationship to the child(ren):	
Name(s) of person(s) who completed this form:	
Date of document:	
THE DHHS REPORT	
Have you read the DHHS report?	
Are there things in the report you say are wrong?	
What are they?	
Are there things the report does not say that are important to you e.g. positive things about	ut your
family?	
What are they?	
If what DHHS say are correct, what needs to happen to make sure your child(ren) is/are s	safe?

THE ORDER AND CONDITIONS			
Do you understand the order that DHHS are asking for?	☐ Yes	□ No	
Do you agree with the order/length of the order?	☐ Yes	□No	
Are there conditions on the order that DHHS are asking for?	☐ Yes	□ No	
If yes, do you think all conditions need to be there?	☐ Yes	□ No	
What conditions do you think don't need to be there?			
Are there any conditions you would change? e.g. would you like more	re contact	or for a person	
other than a DHHS worker to supervise your contact?			
Are there people you would like DHHS to assess in relation to caring	g for your	child(ren) or	
supervising contact?	☐ Yes	□No	
If yes, please write down their names.			