

**MINUTES OF PROPOSED FAMILY DIVISION ORDERS [CYFA]
SUPPLEMENTARY SHEET [APPOINTMENT OF ICL]**

CHILD(REN) _____ **DATE** ____/____/____

APPOINTMENT OF INDEPENDENT CHILDREN’S LAWYER [ICL]

The Court having found that there are exceptional circumstances and that the child(ren)
_____ D.O.B. ____/____/____
_____ D.O.B. ____/____/____
_____ D.O.B. ____/____/____
_____ D.O.B. ____/____/____

is/are aged under 10 years

is/are aged 10 years or more and not mature enough to give instructions

and that it is in the best interests of the child(ren) to be legally represented, the Court makes the following orders:

1. Pursuant to s.524(4) of the *Children, Youth and Families Act 2005*, the child(ren) be legally represented by an Independent Children’s Lawyer [ICL] and it is requested that Victoria Legal Aid arrange such representation.
2. Within 2 working days of the notification to the parties of the appointment of an ICL, the parties provide the ICL with copies of all relevant documents in their possession or control which they have created or commissioned or upon which they otherwise rely.
3. The ICL is a party to the proceeding for all purposes under the *Children, Youth and Families Act 2005*.

The Children’s Court Clinic report(s) be released to the ICL on condition that no copies be made without Court order and on the following conditions:

The ICL be permitted to inspect any documents subpoenaed by any other party.

MAGISTRATE / JUDGE / JUDICIAL REGISTRAR _____

[see over]

INFORMATION PROVIDED BY LEGAL REPS AND/OR PARTIES

NAME	CONTACT DETAILS
DFFH CPP:	Phone:
	Email:
DFFH' LEGAL REP:	Phone:
	Email:
MOTHER:	Phone:
	Email:
MOTHER'S LEGAL REP:	Phone:
	Email:
FATHER:	Phone:
	Email:
FATHER'S LEGAL REP:	Phone:
	Email:
OTHER PARTY 1:	Phone:
	Email:
OTHER PARTY 1'S LEGAL REP:	Phone:
	Email:
OTHER PARTY 2:	Phone:
	Email:
OTHER PARTY 2'S LEGAL REP:	Phone:
	Email:
OTHER PARTY 3:	Phone:
	Email:
OTHER PARTY 3'S LEGAL REP:	Phone:
	Email:
CHILDREN: <input type="checkbox"/> INSTR'NS REP	Phone:
	Email:
CHILDREN: <input type="checkbox"/> INSTRN'S REP	Phone:
	Email:
CHILDREN: <input type="checkbox"/> INSTRN'S REP	Phone:
	Email: