

Children, Youth & Families Act 2005

Conciliation Conferences: Information Exchange Document to be completed by lawyers representing children, parents & other joined parties

Name(s) of subject child(ren) (include date/s of birth):
Date of Conciliation Conference:
Filed on behalf of:
Prepared by:
Date of document:
Date of last instructions:
Legal representative:
Date of DFFH Addendum Report provided:

THE APPLICATION & DISPOSITION

Application type:

Order sought by DFFH (incl length):

Order sought by client (incl length):

For lawyers representing a parent: Is there an alternative proposal to that proposed by DFFH which your client says will ensure their child(ren)'s ongoing safety? Yes No

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

PROOF OF THE APPLICATION

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

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

If an Application to Breach, is the breach conceded? Yes No

Is there a substantive factual dispute relating to proof of the application? Yes No

Please specify: e.g. client denies hitting child

Are there matters your client wishes to raise in response to the concerns detailed by DFFH? Yes No

Please specify: e.g. protective concerns of DFFH do not relate to my client, the mother

.....
.....
.....

CONDITIONS OF ANY PROPOSED ORDER

Is there agreement to all conditions proposed by DFFH? Yes No

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: e.g. client seeking three times weekly minimum contact regime

.....
.....
.....

If client proposing contact supervisor, has DFFH assessed this person? Yes No

Are there additional conditions sought by your client? Yes No

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

.....
.....
.....

ADDITIONAL MATTERS

Are there any additional matters your client wishes to raise? Yes No

Please specify: e.g. clothing allowance for young person

.....
.....
.....