## Children, Youth & Families Act 2005

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

Date of Conciliation Conference:		
Name(s) of subject child(ren) (include date/s of birth):		
Your name:		
Your relationship to the child(ren):		
Name(s) of person(s) who completed this form:		·····
Date of document:		
THE DFFH REPORT		
Have you read the DFFH report?	☐ Yes	□No
Are there things in the report you say are incorrect?	☐ Yes	□No
What are they?		
Are there things the report does not say that are important to you e.g.	<u> </u>	_
family?	☐ Yes	∐ No
What are they?		
If what DFFH says is correct, what needs to happen to make sure you	ur childre	n are safe?

THE ORDER AND CONDITIONS		
Do you understand the order that DFFH are asking for?	☐ Yes ☐ No	
Do you agree with the order/length of the order?	☐ Yes ☐ No	
Are there conditions on the order that DFFH 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 contact than the report		
recommends or for a person other than a DFFH representative to supervise your contact?		
A. d		
Are there people you would like DFFH to assess in relation to caring		
supervising contact?	☐ Yes ☐ No	
If yes, please write down their names.		