*Guidelines for Conciliation Conferences: Attachment B*

**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:  who is the:

Prepared by:

Date of document:

Date of last instructions:

Legal representative:

Date of DFFH (or Agency) Addendum Report provided:

**THE APPLICATION & DISPOSITION**

***Application type:***

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

***Order sought by client (incl length):***

***For lawyers representing a parent: Is there an alternative proposal to that proposed by DFFH (or Agency) 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 (or Agency)?***  ***Yes***  ***No***

Please specify: *e.g. protective concerns of DFFH (or Agency) do not relate to my client, the mother*

**CONDITIONS OF ANY PROPOSED ORDER**

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

**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 (or Agency) 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*