*Guidelines for Conciliation Conferences: Attachment D*

**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 (OR AGENCY) REPORT**

Have you read the DFFH (or Agency) 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. positive things about your family?  Yes  No

What are they?

If what DFFH (or Agency) says is correct, what needs to happen to make sure your children are safe?

**THE ORDER AND CONDITIONS**

Do you understand the order that DFFH (or Agency) 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 (or Agency) 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 (or Agency) representative to supervise your contact?

Are there people you would like DFFH (or Agency) to assess in relation to caring for your child(ren) or supervising contact?  Yes  No

If yes, please write down their names.