*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.