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| **Conciliation Conference Intake Form** |
| **THIS FORM IS ONLY TO BE USED IF THE CMS PORTAL IS NOT AVAILABLEALL SECTIONS OF THE FORM MUST BE COMPLETED BEFORE A CONCILATION CONFERENCE DATE IS PROVIDED** |
| **FAMILY CASE** |
| **Case Type** | Family Case | **Booking Type** | Conciliation Conference |
| **Filing Date** |       | **Court Location** |       |
| **CONFERENCE CASES** |
| **Child Protection Case Number** | **Case Name** |
|       |       |
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|       |       |
| **Case Worker Details** |
| **Child Protection Worker** |       |
| **Agency** |       | **Office Location** |       |
| **Child Protection Team Manager** |       |
| **Agency** |       | **Office Location** |       |
| **Case Details** |
| **Are any of the children currently placed in Out of Home Care or Secure Welfare?** |
| [ ]  **Out of Home Care** | [ ]  **Not in Out of Home Care** | [ ]  **Secure Welfare** |
| **What is the family’s cultural background?** |
| **[ ]  Aboriginal but not Torres Strait Islander origin** |
| **[ ]  Torres Strait Islander but not Aboriginal origin** |
| **[ ]  Both Aboriginal and Torres Strait Islander origin** |
|  | **Has an Aboriginal Family Led Decision Making occurred?** |
|  | **[ ]  Yes** | **Date** |       |
|  | **[ ]  No** | **Provide reason** |       |
|  | **[ ]  Scheduled** | **Date** |       |
|  | **Has a Cultural Plan been prepared in this matter?** |
|  | **[ ]  Yes** |       |
|  | **[ ]  No** | **Provide reason** |       |
| **[ ]  Neither Aboriginal nor Torres Strait Islander origin** |
| [ ]  **Not stated/inadequately described** |
|  | **Please provide family’s cultural background** |
|  |       |
| **Information for Conference** |
| **Outline the areas of dispute** |
|       |
| **Does any party present with any issues that may affect their capacity to participate in the conference?** |
| [ ]  **Yes** *(please provide details)* | [ ]  **No** | [ ]  **Not known** |
|       |
| **Are there any safety or security concerns?** | [ ]  **Yes** *(please provide details)* | [ ]  **No** | [ ]  **Not known** |
|       |
| **Any other issues the Convenor should be aware of?** | [ ]  **Yes** *(please provide details)* | [ ]  **No** | [ ]  **Not known** |
|       |
| **Have the relevant reports been filed with the Court?** | [ ]  **Yes** | [ ]  **No** *(please explain why)* |
|       |
| **Participating Party Details** |
| *(Please provide the details for the participating parties, i.e., name, phone number, email and note whether party is in custody)* |
| **Party Name** | **Phone No.** | **Email** | **In Custody** |
|       |       |       | **Y** **[ ]**  | **N [ ]**  |
|       |       |       | **Y [ ]**  | **N [ ]**  |
|       |       |       | **Y [ ]**  | **N [ ]**  |
|       |       |       | **Y [ ]**  | **N [ ]**  |
|       |       |       | **Y [ ]**  | **N [ ]**  |
|       |       |       | **Y [ ]**  | **N [ ]**  |
| **non-PARTICIPATING PARTY DETAILS** |
| *(Please provide information on parties not participating, i.e., not known, not served, not wishing to participate, not available)* |
| **Party Name** | **Reason(s) for not participating** |
|       |       |
|       |       |
|       |       |
| **Booking Request** |
| **What date/date range are parties seeking?** |
|       |
| **Please provide reason(s) if parties are seeking a lengthy adjournment period (more than six weeks)** |
|       |
| **Convenor preference for Aboriginal and/or Torres Strait Islander family** |
|       |
| **List any unsuitable days/dates for:** |
| **Child Protection Worker/Team Manager** |       |
| **Parents/Guardians** |       |
| **Independent Child’s Lawyer (ICL)** |       |
| **Legal Representatives** |       |
| **Joined Parties/Other** |       |
| **Related Intervention Order Proceedings** |
| **Are there any related intervention order proceedings?**  | [ ]  **Yes** *(please provide details)* | [ ]  **No** |
| **Case Number** | **Party Details** *(Protected persons, Respondent)* |
|       |       |
|       |        |