

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):

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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

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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

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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

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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

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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

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ADDITIONAL MATTERS

Are there any additional matters your client wishes to raise?

Yes No

Please specify: e.g. clothing allowance for young person

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