

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):

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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?

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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?

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

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