

# CONCILIATION CONFERENCE INTAKE FORM

**THIS FORM IS ONLY TO BE USED IF THE CMS PORTAL IS NOT AVAILABLE**  
**ALL SECTIONS OF THE FORM MUST BE COMPLETED BEFORE A CONCILIATION CONFERENCE DATE IS PROVIDED**

## FAMILY CASE

<b>Case Type</b>	Family Case	<b>Booking Type</b>	Conciliation Conference
<b>Filing Date</b>		<b>Court Location</b>	

## CONFERENCE CASES

Child Protection Case Number	Case Name

*For additional children, please complete the Additional Conference Cases section on page 3*

## CASE WORKER DETAILS

<b>Child Protection Worker</b>			
<b>Agency</b>		<b>Office Location</b>	
<b>Child Protection Team Manager</b>			
<b>Agency</b>		<b>Office Location</b>	

## CASE DETAILS

<b>Are any of the children currently placed in Out of Home Care or Secure Welfare?</b>			
<input type="checkbox"/> Out of Home Care	<input type="checkbox"/> Not in Out of Home Care	<input type="checkbox"/> Secure Welfare	
<b>What is the family's cultural background?</b>			
<input type="checkbox"/> Aboriginal but not Torres Strait Islander origin			
<input type="checkbox"/> Torres Strait Islander but not Aboriginal origin			
<input type="checkbox"/> Both Aboriginal and Torres Strait Islander origin			
<b>Has an Aboriginal Family Led Decision Making occurred?</b>			
<input type="checkbox"/> Yes	<b>Date</b>		
<input type="checkbox"/> No	<b>Provide reason</b>		
<input type="checkbox"/> Scheduled	<b>Date</b>		
<b>Has a Cultural Plan been prepared in this matter?</b>			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No	<b>Provide reason</b>		

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 <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>

## 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 <i>(Protected persons, Respondent)</i>

## ADDITIONAL CONFERENCE CASES

Child Protection Case Number	Case Name