

CONCILIATION CONFERENCE REBOOKING FORM

**FORM TO BE COMPLETED AND FILED WITH THE CONFERENCE UNIT VIA EMAIL
ALL SECTIONS OF THE FORM MUST BE COMPLETED BEFORE A CONCILIATION CONFERENCE DATE IS PROVIDED**

FAMILY CASE

Family Case Number		Booking Type	Conciliation Conference
Filing Date		Court Location	

CONFERENCE CASES

Child Protection Case Number	Case Name

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?			
<input type="checkbox"/> Out of Home Care	<input type="checkbox"/> Not in Out of Home Care	<input type="checkbox"/> Secure Welfare	
Is the family Aboriginal and/or Torres Strait Islander origin?			
<input type="checkbox"/> Yes			
Has an Aboriginal Family Led Decision Making occurred?			
<input type="checkbox"/> Yes	Date		
<input type="checkbox"/> No	Provide reason		
<input type="checkbox"/> Scheduled	Date		
Has a Cultural Plan been prepared in this matter?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No	Provide reason		
<input type="checkbox"/> No			

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

REBOOKING 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)

OFFICE USE ONLY

Notes