

READINESS CERTIFICATE**IMPORTANT**

This document is to be prepared by the Department of Families, Fairness and Housing (DFFH) or Aboriginal Agency (AA) after consultation with all other parties to the proceeding prior to the Readiness Hearing. It is expected that parties will have canvassed practical arrangements that might assist the conduct of the proceeding.

Court reference(s):

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Case name(s):

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DFFH or AA details

Worker/Team leader _____

Office: _____

Child details

No.	Name	Age	Legal rep-ICL
1			
2			
3			
4			

 Additional child(ren) whose details are included on the last page
Parent details

Party	Name	Legal rep
Mother		
Father		

 Additional parent(s) whose details are included on the last page
Joined party details

No.	Name	Status	Legal rep
1			

2			
3			

Additional other party(s) whose details are included on the last page

Readiness information

Current order(s) and date(s):

Child(ren) currently reside with: _____

Have all material/evidence/reports to be relied upon been filed and served and all material to be subpoenaed been released?

Yes No [*please specify when all material will be available*] _____

What disposition is sought by DFFH or AA?

What disposition(s) are sought by the other parties?

What issues (other than the ultimate dispositions) remain in dispute?

Is any party/legal representative seeking to appear by audio-visual link or audio link, including a party in custody?

Yes [*please specify place and proposed method of appearance*]

No

Proposed witness(es)

No.	Name	In person (IP) or Remote appearance (RA)	Required for cross-examination? If yes, estimated length of time		Dates unavailable <i>[include days and times]</i>
1		<input type="checkbox"/> IP <input type="checkbox"/> RA	<input type="checkbox"/> Yes <input type="checkbox"/> No	min/hr	
2		<input type="checkbox"/> IP <input type="checkbox"/> RA	<input type="checkbox"/> Yes <input type="checkbox"/> No	min/hr	
3		<input type="checkbox"/> IP <input type="checkbox"/> RA	<input type="checkbox"/> Yes <input type="checkbox"/> No	min/hr	
4		<input type="checkbox"/> IP <input type="checkbox"/> RA	<input type="checkbox"/> Yes <input type="checkbox"/> No	min/hr	
5		<input type="checkbox"/> IP <input type="checkbox"/> RA	<input type="checkbox"/> Yes <input type="checkbox"/> No	min/hr	
6		<input type="checkbox"/> IP <input type="checkbox"/> RA	<input type="checkbox"/> Yes <input type="checkbox"/> No	min/hr	
7		<input type="checkbox"/> IP <input type="checkbox"/> RA	<input type="checkbox"/> Yes <input type="checkbox"/> No	min/hr	
8		<input type="checkbox"/> IP <input type="checkbox"/> RA	<input type="checkbox"/> Yes <input type="checkbox"/> No	min/hr	
9		<input type="checkbox"/> IP <input type="checkbox"/> RA	<input type="checkbox"/> Yes <input type="checkbox"/> No	min/hr	
10		<input type="checkbox"/> IP <input type="checkbox"/> RA	<input type="checkbox"/> Yes <input type="checkbox"/> No	min/hr	

If an interpreter is required for a party or witness, what language and for whom?
 If so, can suitable arrangements be made to properly assist the conduct of the hearing?

Witness	Language	Suitable arrangements
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there any evidence other than oral and documentary evidence that will be relied upon during the hearing (e.g. VARE or Record of interview)?

- Yes How is it proposed that the evidence be tendered/played?
- No

Are there any objections to admissibility of evidence which, once determined, may shorten the hearing?

- Yes [*please specify objections*]
- No

Estimated duration of contested hearing
 (including submissions if any):

_____ Hours/Days

Certification

If there are additional children or other parties whose details are not included on the first page, please include their details below.

Readiness Certificate prepared by: _____

Status: _____

Date: _____

Signed

In consultation with:

Name	Status