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| **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** | | | | | | | | | | | | | | | | | | |
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| **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?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Out of Home Care** | | | | | | | | | | | | | **Not in Out of Home Care** | | | | | | | | | **Secure Welfare** | | | | | | | |
| **Is the family Aboriginal and/or Torres Strait Islander origin?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Has an Aboriginal Family Led Decision Making occurred?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Yes** | | | **Date** | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | **No** | | | **Provide reason** | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | **Scheduled** | | | | | **Date** | | |  | | | | | | | | | | | | | | | | | | | | |
|  | **Has a Cultural Plan been prepared in this matter?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Yes** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **No** | | | **Provide reason** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Information for Conference** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outline the areas of dispute** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Does any party present with any issues that may affect their capacity to participate in the conference?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** *(please provide details)* | | | | | | | | | | **No** | | | | **Not known** | | | | | | | | | | | | | | | |
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| **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)* | | | | | | | | | |
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| **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** | **N** |
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| **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** | | | | | | | | | | | | | | | | | |
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| **REBooking Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What date/date range are parties seeking?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please provide reason(s) if parties are seeking a lengthy adjournment period (more than six weeks)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Convenor preference for Aboriginal and/or Torres Strait Islander family** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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)* | | | | | | | | | | | | | | | | | | | | | | | | |
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| **OFFICE USE ONlY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Notes** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |