## **CHILDREN, YOUTH & FAMILIES ACT 2005**

Conciliation Conferences: Information Exchange Document to be completed by best interests lawyers appointed under s524(4) of the Children, Youth and Families Act

Name(s) of subject child(ren) (include date/s of birth):
Data of Confessor
Date of Conference:
Filed on behalf of the child(ren):
Prepared by:
Date of document:
Legal representative:
Date of DFFH Addendum (or Agency) Report provided:
THE APPLICATION & DISPOSITION
Application type:
Order sought by DFFH (or Agency) (incl length):
Order recommended by s524(4) lawyer:
Is there an alternative proposal to that proposed by DFFH (or Agency) which
will ensure the child(ren)'s ongoing safety?
Please specify: e.g. child to live with mother, and MGM to provide fortnightly respite care
Do you require further information from DFFH (or Agency) or another party to
make a recommendation regarding disposition?
Please specify:

PROOF OF THE APPLICATION	
<b>Grounds of application:</b> $\square$ (a) $\square$ (b) $\square$ (c) $\square$ (d) $\square$ (e) $\square$ (f) $\square$ N/A	
<b>Grounds recommended:</b> $\square$ (a) $\square$ (b) $\square$ (c) $\square$ (d) $\square$ (e) $\square$ (f) $\square$ N/A	
Is a finding of a breach of the order recommended? ☐ Yes ☐ No	
Do you require further information from DFFH (or Agency) or another party to	
make a recommendation regarding proof or breach?	
Please specify:	
CONDITIONS OF ANY PROPOSED ORDER	
Is there agreement to <u>all</u> conditions proposed by DFFH (or Agency)?	
☐ Yes ☐ No	
Identify the issue(s):	
☐ Contact condition	
☐ frequency ☐ supervision	
Residence condition	
☐ Screens condition	
☐ necessity ☐ frequency/duration	
Psychiatric assessment condition	
$\square$ Cognitive/neuropsychological assessment condition	
☐ Risk assessment	
☐ Drug and/or alcohol assessment	
☐ Parenting assessment	
$\square$ Any prohibitive condition e.g. <i>X must not live with Y</i>	
☐ Other	
Please specify: eg. reunification schedule is recommended	
If proposing a contact supervisor, has DFFH (or Agency) assessed this person.	
☐ Yes ☐ No	
<b>Are there additional conditions recommended</b> ☐ Yes ☐ No	
Please specify: e.g. access condition in respect of an extended family member	
riedse specify. e.g. access condition in respect of an extended farming member	
ADDITIONAL MATTERS	
Are there any additional matters relating to the child's best interests that need	1
to be discussed?	
Please specify:	