*Guidelines for Conciliation Conferences: Attachment B*

**Children, Youth & Families Act 2005**

**Conciliation Conferences: Information Exchange Document**

**to be completed by lawyers representing**

**children, parents & other joined parties**

Name(s) of subject child(ren) (include date/s of birth):

Date of Conciliation Conference:

Filed on behalf of:  who is the:

Prepared by:

Date of document:

Date of last instructions:

Legal representative:

Date of DFFH (or Agency) Addendum Report provided:

**THE APPLICATION & DISPOSITION**

***Application type:***

Order sought by DFFH (or Agency) (incl length):

***Order sought by client (incl length):***

***For lawyers representing a parent: Is there an alternative proposal to that proposed by DFFH (or Agency) which your client says will ensure their child(ren)’s ongoing safety?*** [ ]  ***Yes*** [ ]  ***No***

Please specify: *e.g. child to live with mother, and MGM to provide fortnightly respite care*

**PROOF OF THE APPLICATION**

Grounds of application: [ ]  (a) [ ]  (b) [ ]  (c) [ ] (d) [ ]  (e) [ ]  (f) [ ]  N/A

***Grounds disputed***: [ ]  (a) [ ]  (b) [ ]  (c) [ ]  (d) [ ]  (e) [ ]  (f) [ ]  N/A

***If an Application to Breach, is the breach conceded?*** [ ]  ***Yes*** [ ]  ***No***

***Is there a substantive factual dispute relating to proof of the application?***

[ ]  ***Yes*** [ ]  ***No***

Please specify:*e.g. client denies hitting child*

***Are there matters your client wishes to raise in response to the concerns detailed by DFFH (or Agency)?*** [ ]  ***Yes*** [ ]  ***No***

Please specify: *e.g. protective concerns of DFFH (or Agency) do not relate to my client, the mother*

**CONDITIONS OF ANY PROPOSED ORDER**

***Is there agreement to all 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

[ ]  Cognitive/neuropsychological assessment condition

[ ]  Risk assessment

[ ]  Drug and/or alcohol assessment

[ ]  Parenting assessment

[ ]  Any prohibitive condition e.g. *X must not live with Y*

[ ]  Other

Please specify: *e.g. client seeking three times weekly minimum contact regime*

If client proposing contact supervisor, has DFFH (or Agency) assessed this person?

 [ ]  Yes [ ]  No

***Are there additional conditions sought by your client?*** [ ] Yes [ ] No

Please specify: *e.g. access condition in respect of an extended family member*

**ADDITIONAL MATTERS**

***Are there any additional matters your client wishes to raise?*** [ ]  Yes [ ]  No

Please specify: *e.g. clothing allowance for young person*