*attachment c*

**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):

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?*** [ ]  Yes [ ]  No

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

Please specify:

**PROOF OF THE APPLICATION**

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

***Grounds recommended:*** [ ]  (a) [ ]  (b) [ ]  (c) [ ]  (d) [ ]  (e) [ ]  (f) [ ]  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?*** [ ] Yes[ ] No

Please specify:

**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: eg. reunification schedule is recommended

If proposing a contact supervisor, has DFFH (or Agency) assessed this person.

 [ ]  Yes [ ]  No

***Are there additional conditions recommended*** [ ] Yes [ ] No

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

**ADDITIONAL MATTERS**

***Are there any additional matters relating to the child’s best interests that need to be discussed?*** [ ]  Yes [ ]  No

Please specify: