

**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 DHHS Addendum Report provided: .....

**THE APPLICATION & DISPOSITION**

**Application type:**

Order sought by DHHS (incl length): .....

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

**For lawyers representing a parent: Is there an alternative proposal to that proposed by DHHS 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

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**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

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**Are there matters your client wishes to raise in response to the concerns detailed by DHHS?**  Yes  No

Please specify: e.g. protective concerns of DHHS do not relate to my client, the mother

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**CONDITIONS OF ANY PROPOSED ORDER**

**Is there agreement to all conditions proposed by DHHS?**  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

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If client proposing contact supervisor, has DHHS assessed this person?  Yes  No

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

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

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**ADDITIONAL MATTERS**

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

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

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