



**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 DHHS 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 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: eg. reunification schedule is recommended .....  
.....  
.....

If proposing a contact supervisor, has DHHS 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: .....  
.....  
.....