**IN THE CHILDREN’S COURT**

**OF NEW SOUTH WALES**

**AT**

**CASE NUMBER**

# Notice to Authorised Clinician to attend dispute resolution conference or external mediation conference

Children and Young Persons (Care & Protection) Act 1998

## Children or young persons

|  |  |
| --- | --- |
| Name |  |

## Notice to Authorised Clinician

|  |  |
| --- | --- |
| Name |  |
| Address | c/- Children’s Court Clinic |
| Email | SCHN-ChildrensCourtClinic@health.nsw.gov.au |
| Fax | 8688 1520 |

You are requested to participate in a dispute resolution conference or external mediation conference at:

|  |  |
| --- | --- |
| Place |  |
| Date |  |
| Time |  |
| Attendance at request of |  |
| On behalf of  |  |
| Telephone |  |
| Date of assessment report |  |

[NOTE: Attendance is to be by way of telephone unless otherwise directed by the Children’s Registrar or requested by the mediator]

The specific discussion points for the dispute resolution conference or external mediation conference are:

1. …
2. …

[NOTE: If you are unable to attend on that day you should, in the case of a dispute resolution conference notify the Children’s Court Conference Co-ordinator, or, in the case of an external mediation conference notify the legal representative requesting your attendance]

## Signature

|  |  |
| --- | --- |
| Signature |  |
| Capacity | Registrar/Children’s Registrar  |
| Date |  |

## Registry address

|  |  |
| --- | --- |
| Street address |  |
| Postal address |  |
| Telephone |  |

## Acknowledgement

[NOTE: You are to sign and return a copy of this document to the Court of Hearing. In relation to a dispute resolution conference a copy must also be given to the Children’s Court Conference Co-ordinator at childrens-court-conference-co-ordinator@justice.nsw.gov.au]

I acknowledge receipt of this Notice and confirm that I will be available to attend on the date required.

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Date |  |