**IN THE CHILDREN’S COURT**

**OF NEW SOUTH WALES**

**AT**

**CASE NUMBER**

# Notice to Authorised Clinician to attend joint conference of expert witnesses

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](mailto:SCHN-ChildrensCourtClinic@health.nsw.gov.au) |
| Fax | 8688 1520 |

You are required to participate in a joint conference of expert witnesses at:

|  |  |
| --- | --- |
| Court |  |
| Date |  |
| Time |  |
| Attendance | In person  Telephone  Audio Visual Link |
| Date of assessment report |  |

[NOTE: If you are unable to attend on that day you should notify the Senior Children’s Registrar (c/- Parramatta Children’s Court, 2 George St, Parramatta, NSW 2150. Telephone: 02 8688 1471. Email: childrens-court-conference-co-ordinator@justice.nsw.gov.au)]

## Signature

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

## Registry address

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

## Acknowledgement

[NOTE: Please complete the below information and return a copy of this document to the Senior Children’s Registrar]

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

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