# Children, Youth and Families Act 2005 worksheet – Children’s Court (Family Division) – contested interim or final hearing exceeding 10 days

**Refer to part 6 of the VLA Handbook and the notes on fees and other costs payable in State family law matters.**

Client name: Click or tap here to enter text.

VLA ref no: Click or tap here to enter text.

## Part A – background

**Provide further details re. other parties if required.**

Current order: Click or tap here to enter text.

Order sought by client: Click or tap here to enter text.

Order sought by Department of Health and Human Services (DHHS): Click or tap here to enter text.

## Part B – information

Number of extension days sought: Click or tap here to enter text. (do not include initial 10 days in the broadband grant)

Indicate if more than 15 days: [ ]  Yes

Number of children: Click or tap here to enter text.

Number of parties: Click or tap here to enter text.

Total number of witnesses: Click or tap here to enter text.

Number of key witnesses: Click or tap here to enter text. (ie witnesses client specifically requires for cross examination)

Number of witnesses called by DHHS: Click or tap here to enter text.

## Part C – materials

1. Date of most recent DHHS report: Click or tap here to enter text.
List of other relevant reports: Click or tap here to enter text.
Report page ref(s): Click or tap here to enter text.

**Relevant reports are to be attached. See checklist at the end of this worksheet**

1. Conciliation conference attended: [ ]  Yes [ ]  No
Appropriate? (reasons): Click or tap here to enter text.
2. Date of directions hearing: Click or tap here to enter text.
3. Drug screen required? [ ]  Yes [ ]  No
Results, number undertaken: Click or tap here to enter text.
Report page ref(s): Click or tap here to enter text.
4. Access regularly attended? [ ]  Yes [ ]  No
Reasons for non-attendance: Click or tap here to enter text.
Report page ref(s): Click or tap here to enter text.
5. Other current conditions: Click or tap here to enter text.
Details: Click or tap here to enter text.
Report page ref(s): Click or tap here to enter text.

**If additional space is required, please attach a separate sheet**

## Part D – practitioner authority

Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.

Print Practitioner’s Name: Click or tap here to enter text.

Name and address of firm: Click or tap here to enter text.

Reference: Click or tap here to enter text.

## Checklist of reports to be attached to this worksheet

[ ]  Most recent DHHS report (eg disposition and addendum report)

[ ]  Court clinic report (if available)

[ ]  Other relevant reports (eg relevant medical reports, support or other service reports)