

**IN THE CHILDREN'S COURT
OF NEW SOUTH WALES
AT**

CASE NUMBER

Application for a hearing date to be set

Care Jurisdiction

Children or young persons

Name		Date of birth	
Is the hearing to be	<input type="checkbox"/> On the papers		<input type="checkbox"/> Cross examination
As to	<input type="checkbox"/> Establishment		<input type="checkbox"/> Parental responsibility
	<input type="checkbox"/> Restoration		<input type="checkbox"/> Contact
	<input type="checkbox"/> Permanent placement		<input type="checkbox"/> Other

- The Secretary seeks to file and serve **updated** affidavits by
- Mother/Father/Other party seeks to file and serve **updated** affidavits by
- Are there any outstanding issues? Yes No
If yes, please specify

On which date will these be resolved?

- Has a DRC been conducted in this matter? Yes No
If not, why not?

5. List of witnesses (excluding expert witnesses) required for cross examination:

Name	Required by	Name	<i>Required by</i>
1.		4.	
2.		5.	
3.		6.	

6. List of expert witnesses (including the Authorised Clinician) required for cross examination:

Name	Required by	Name	<i>Required by</i>
1.		4.	
2.		5.	
3.		6.	

7. The anticipated areas of cross examination for the Authorised Clinician/s are:

- 1.
- 2.

8. I am able to advise the court of the availability of all witnesses including experts:

Yes No

9. If there are competing experts, has a joint conference of experts been convened?

Yes No

How are the competing experts to give evidence? (E.g. separately or concurrently)
Please specify:

10. If an Authorised Clinician is required for cross examination what day of the hearing

will they be required? Eg. day 1, day 2

Please specify:

11. Is it suitable for the Authorised Clinician to attend via AVL or telephone (see s5BAA *Evidence (Audio and Audio Visual Links) Act 1998*)?

Yes No

12. Are there any new documents that have not been provided to the Authorised Clinician?

Yes No

If so, who is to provide them and when?

13. Is it suitable for any other witness to give evidence via AVL or telephone?

Please specify:

14. Is an interpreter required? Yes No
If yes, what language?
and for whom?

15. Is the Mother/Father/Other in custody and requires a s77 order? Yes No
If yes, is via AVL suitable? Yes No
If AVL is suitable, is their attendance required for all or part of the hearing?

If partial attendance is required please specify:

16. Is there video or other evidence that requires special equipment? (for example, JIRT interview) Yes No
If yes, please specify:

17. What are the specific issues in dispute? (please state the issues succinctly)
1.
2.

18. What is the length of time estimated for hearing (including submissions)?

19. Has the child representative spoken to the child? Yes No

If yes, has a statement of the wishes of the child been obtained? Yes No
If not, why not?

Signature

Name of party on whose behalf this application is filed

Name of legal practitioner

Signature

Date

Acknowledgement by other parties

Secretary

Mother

Father

DLR/ILR

Other