

Information for the independent children's lawyer

An independent children's lawyer from Victoria Legal Aid has been appointed in your family law case. Please complete this form and any authorities enclosed and return to the independent children's lawyer in your case.

Please note: If you do not have enough space please attach extra pages to the form.

Privacy Statement: The information on this form is collected so that the Independent Children's Lawyer appointed in your family law case can understand your child or children's situation, and help the court make a decision that is in the best interests of your child or children. Information that you give can also be used by the independent children's lawyer to contact the professionals, carers, teachers or other people involved with your child, and seek other information relevant to your case, and may be disclosed to these people where doing so is in the best interests of the child. Failure to provide this information may limit the independent children's lawyer's ability to assist the court.

The independent children’s lawyer is:

Name of your child/children

1. Please print your name

Provide any other/former names

2. Your date of birth

3. Your contact details

4. Were you born in Australia?

- Yes
- No

5. If not, where were you born and when did you start living in Australia?

6. Are you an Aboriginal or Torres Strait Islander?

- No
- Yes

Living arrangements

7. Where does your child spend most of their time living? (full address including postcode)

Address
Postcode

How much time does the child spend at this address per week?

 hours or days or nights

8. How long has this been your child’s main address?

 years months

9. Who else lives at or has lived, or spends substantial time, at that address with your child?

Name
Date of birth / /
Relationship to that child
Name
Date of birth / /
Relationship to that child
Name
Date of birth / /
Relationship to that child

10. Do you have a partner or another person important to you that you wish to spend time with your child? If so, please give their details:

Name
Date of birth / /
Relationship to child, if any
What amount of time did you seek?

11. If your child has been at this main address for less than two years, please give details of each other address at which your child has spent substantial time during the last two years?

Address
Postcode
Dates: / / to / /
Others who spent substantial time with your child at that address
Relationship to child

Address
Postcode
Dates: / / to / /
Others who spent substantial time with your child at that address
Relationship to child

12. If your child does not live at your address, how much time do you spend with them per week or month?

hours or days or nights

Siblings and step-siblings

13. Do you have children from any other relationship? If so, please give details:

Name
Date of birth / /
Where is the child living:
Postcode
If not living with you, what contact do you have?

Name
Date of birth / /
Where is the child living:
Postcode
If not living with you, what contact do you have?

Childcare and school

14. Please give name and address of any day care centre, carer, pre-school or schools that your child now attends

Name
Address
Postcode
Telephone
Date commenced / /

15. Please give names and addresses of any day care centres, carers, pre-schools or schools that your child has attended in the last two years and the approximate date they started there

Name
Address
Postcode
Telephone
Date commenced / /

Name
Address
Postcode
Telephone
Reason for attendance
Date attended / /
Approximate date (if exact date is unknown): / /

Name
Address
Postcode
Telephone
Reason for attendance
Date attended / /
Approximate date (if exact date is unknown): / /

Your medical treatment/counselling

18. Please give the names, addresses and telephone numbers of any family doctors or other medical practitioners, (such as psychologists, psychiatrists, counsellors) or any hospital YOU have attended and the relevant date(s):

Please sign an authority for the release of information about any treatment you have received, for each place you have attended. You can get legal advice about the effect of signing these authorities.

Name
Address
Postcode
Telephone
Reason for attendance
Date attended / /
Approximate date (if exact date is unknown): / /

Name
Address
Postcode
Telephone
Reason for attendance
Date attended / /
Approximate date (if exact date is unknown): / /

Police or child protection involvement

19. Do you know if there has been any contact with the police or the Department of Health and Human Services or any other state welfare authority about any of your children? If so, please give the names of any police or welfare officers, which office(s) were involved and the approximate dates:

Name
Office
Address
Postcode
Telephone
Reason for contact
Date of contact / /
Approximate date (if exact date is unknown): / /

Name
Office
Address
Postcode
Telephone
Reason for contact
Date of contact / /
Approximate date (if exact date is unknown): / /

Current court orders

20. Are there any court orders relating to the child, either Family, Federal circuit, Magistrates' and/or Children's Court in Victoria or any other state, which were made before or after the present proceedings started? If so, please give details or attach a copy of the orders:

Court
Details
Date of order / /
Approximate date (if exact date is unknown): / /

Court
Details
Date of order / /
Approximate date (if exact date is unknown): / /

Family violence

21. Are there any family/domestic violence orders made in Victoria or any other state, involving yourself, the other party/parties and the child? If so, please give details and attach a copy of the orders:

Court
Details
Date of order / /
Approximate date (if exact date is unknown): / /

Date of charge	/	/
Charge		
Which police investigated the charge		
Date of hearing		
Place of hearing		
Name of court		
Whether there was a plea of guilty/finding of guilt?	Y	N
If so, what conviction or penalty was imposed?		
Please give results of court proceedings (for example, was not proceeded with; an acquittal; conviction was recorded):		
Please give any other information relevant to these offences:		

Thank you for completing this form. Please also sign the authorities attached and then return all of these documents to your lawyer or, if you do not have a lawyer, to the independent children's lawyer at the following address:

Your signature

Date