CHILDREN'S COURT OF WESTERN AUSTRALIA

REVIEW CERTIFICATE **Protection and Care of Children** ***Children & Community Services Act 2004***	**File No:** **Date Filed:**

COURT DATE	**Court date: / /2016 am/pm**
	Court place: 160 Pier Street, Perth WA 6000

FILED ON BEHALF OF *(tick one)*	☐ Communities ☐ Mother ☐ Father ☐ Child Representative ☐ Other _____[state relationship to child]

CHILD 1	Full Name: Date of Birth: / / Gender: ☐ Male ☐ Female	**CHILD 2**	Full Name: Date of Birth: / / Gender: ☐ Male ☐ Female
CHILD 3	Full Name: Date of Birth: / / Gender: ☐ Male ☐ Female	**CHILD 4**	Full Name: Date of Birth: / / Gender: ☐ Male ☐ Female

Application: ☐ Protection Order until 18 ☐ Protection Order time limited ☐ Protection Order Special guardianship ☐Other: _____ Are you disputing the Orders in the Application: ☐ Yes ☐ No Are you disputing the grounds proving the protection application: ☐ Yes ☐ No _____ Matters in issue for trial: Most recent s143 Proposal filed: (insert date)_____	Estimated length of trial: _____ days Trial Affidavits to be filed by (insert date) : _____ Witnesses: Number: Names of Proposed Witnesses (Title/Service/Agency details) and any dates that they are not available : _____ _____ _____ Reports of Experts to be relied upon: Name of Expert and Date of Report: _____ _____
Have parties attended a Signs of Safety pre hearing conference: ☐ Yes ☐ No Date: _____ Would a further Signs of Safety pre hearing conference assist in this case: ☐ Yes ☐ No	Video/Audio link required: ☐ Yes ☐ No Details: Interpreter required: ☐ Yes ☐ No Language/s:
Do you have legal representation for trial: ☐ Yes ☐ No Have you applied for legal aid for trial: ☐ Yes ☐ No Have you been refused legal aid for trial: ☐ Yes ☐ No	Is a bring up order required: ☐ Yes ☐ No Name: Location:
Signature (party/lawyer)	/ / Date Name of Law Firm