

## CHILDREN'S COURT OF WESTERN AUSTRALIA

<b>REVIEW CERTIFICATE</b> <b>Protection and Care of Children</b> <i>Children &amp; Community Services Act 2004</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">File No:</td> </tr> <tr> <td style="padding: 2px;">Date Filed:</td> </tr> </table>	File No:	Date Filed:		
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<b>COURT DATE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Court date:            /            /2016</td> <td style="text-align: right; padding: 2px;">am/pm</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Court place: 160 Pier Street, Perth WA 6000</td> </tr> </table>	Court date:            /            /2016	am/pm	Court place: 160 Pier Street, Perth WA 6000	
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<b>FILED ON BEHALF OF</b> <i>(tick one)</i>	<input type="checkbox"/> CPFS <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child Representative <input type="checkbox"/> Other _____ [state relationship to child]
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<b>CHILD 1</b> Full Name: _____ Date of Birth:    /    / Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>CHILD 2</b> Full Name: _____ Date of Birth:    /    / Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>CHILD 3</b> Full Name: _____ Date of Birth:    /    / Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>CHILD 4</b> Full Name: _____ Date of Birth:    /    / Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Application: <input type="checkbox"/> Protection Order until 18 <input type="checkbox"/> Protection Order time limited <input type="checkbox"/> Protection Order Special guardianship <input type="checkbox"/> Other: _____  Are you disputing the Orders in the Application: <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you disputing the grounds proving the protection application: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____  Would a further Signs of Safety pre hearing conference assist in this case: <input type="checkbox"/> Yes <input type="checkbox"/> No	Video/Audio link required: <input type="checkbox"/> Yes <input type="checkbox"/> No  Details: Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No  Language/s:
Do you have legal representation for trial: <input type="checkbox"/> Yes <input type="checkbox"/> No Have you applied for legal aid for trial: <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been refused legal aid for trial: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a bring up order required: <input type="checkbox"/> Yes <input type="checkbox"/> No  Name: Location:
Signature (party/lawyer)	<div style="text-align: center; margin-bottom: 10px;">/ /</div> Date <span style="float: right;">Name of Law Firm</span>