# 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.

 The independent children’s lawyer is:

 Click here to enter text.

 Name of your child/children:

 Click here to enter text.

1. Please print your name:

Click here to enter text.

Provide any other/former names:

Click here to enter text.

1. Your date of birth (dd/mm/yy):

Click here to enter text.

1. Your contact details?

Phone number: Click here to enter text.

Email address: Click here to enter text.

1. Were you born in Australia? [ ] Yes [ ] No
2. If not, where were you born and when did you start living in Australia?

Country: Click here to enter text.

Date started living in Australia: Click here to enter text.

1. Are you an Aboriginal or Torres Strait Islander? [ ]  Yes [ ]  No

## Living arrangements

1. Where does your child spend most of their time living?

Address: Click here to enter text.

Postcode: Click here to enter text.

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

Hours: Click here to enter text.

Days: Click here to enter text.

Nights: Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

1. 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: Click here to enter text.

Date of birth: Click here to enter text.

Relationship to child, if any: Click here to enter text.

What amount of time did you seek? Click here to enter text.

Name: Click here to enter text.

Date of birth: Click here to enter text.

Relationship to child, if any: Click here to enter text.

What amount of time did you seek? Click here to enter text.

Name: Click here to enter text.

Date of birth: Click here to enter text.

Relationship to child, if any: Click here to enter text.

What amount of time did you seek? Click here to enter text.

1. 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: Click here to enter text.

Postcode: Click here to enter text.

Dates from: Click here to enter text.

Dates to: Click here to enter text.

Others who spent substantial time with your child at that address:

Click here to enter text.

Relationship to child:

Click here to enter text.

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

Hours: Click here to enter text.

Days: Click here to enter text.

Nights: Click here to enter text.

## Siblings and step-siblings

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

Name: Click here to enter text.

Date of birth: Click here to enter text.

Where is the child living: Click here to enter text.

Postcode: Click here to enter text.

If not living with you, what contact do you have? Click here to enter text.

Name: Click here to enter text.

Date of birth: Click here to enter text.

Where is the child living: Click here to enter text.

Postcode: Click here to enter text.

If not living with you, what contact do you have? Click here to enter text.

## Childcare and school

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

Name: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Date commenced: Click here to enter text.

Name: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Date commenced: Click here to enter text.

Name: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Date commenced: Click here to enter text.

1. 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: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Date commenced: Click here to enter text.

Name: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Date commenced: Click here to enter text.

Name: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Date commenced: Click here to enter text.

## Child’s medical or other treatment/counselling

1. Does the child have any special needs or difficulties in relation to health or education? Please describe:

Click here to enter text.

1. Please give the names, addresses and telephone numbers of any family doctors or other medical practitioners, (such as psychologists, psychiatrists, counsellors) or any hospital **THE CHILD** has attended and the relevant date(s):

Name: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Reason for attendance: Click here to enter text.

Date attended: Click here to enter text.

Approximate date if exact date is unknown: Click here to enter text.

Name: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Reason for attendance: Click here to enter text.

Date attended: Click here to enter text.

Approximate date if exact date is unknown: Click here to enter text.

Name: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Reason for attendance: Click here to enter text.

Date attended: Click here to enter text.

Approximate date (if exact date is unknown): Click here to enter text.

## Your medical treatment/counselling

1. 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: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Reason for attendance: Click here to enter text.

Date attended: Click here to enter text.

Approximate date (if exact date is unknown): Click here to enter text.

Name: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Reason for attendance: Click here to enter text.

Date attended: Click here to enter text.

Approximate date (if exact date is unknown): Click here to enter text.

Name: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Reason for attendance: Click here to enter text.

Date attended: Click here to enter text.

Approximate date (if exact date is unknown): Click here to enter text.

## Police or child protection involvement

1. 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: Click here to enter text.

Office: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Reason for contact: Click here to enter text.

Date of contact: Click here to enter text.

Approximate date (if exact date is unknown): Click here to enter text.

Name: Click here to enter text.

Office: Click here to enter text.

Address: Click here to enter text.

Postcode: Click here to enter text.

Telephone: Click here to enter text.

Reason for contact: Click here to enter text.

Date of contact: Click here to enter text.

Approximate date (if exact date is unknown): Click here to enter text.

## Current court orders

1. 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: Click here to enter text.

Details: Click here to enter text.

Date of order: Click here to enter text.

Approximate date (if exact date is unknown): Click here to enter text.

Court: Click here to enter text.

Details: Click here to enter text.

Date of order: Click here to enter text.

Approximate date (if exact date is unknown): Click here to enter text.

## Family violence

1. 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: Click here to enter text.

Details: Click here to enter text.

Date of order: Click here to enter text.

Approximate date (if exact date is unknown): Click here to enter text.

Court: Click here to enter text.

Details: Click here to enter text.

Date of order: Click here to enter text.

Approximate date (if exact date is unknown): Click here to enter text.

Please also give details (including dates, location) of any police attendances for family violence:

Click here to enter text.

## Criminal charges

1. Have you been charged or convicted as an adult of any offence in any state of Australia? If so, please provide details in relation to each charge and conviction. By providing this information, you consent to the ICL using it and disclosing it in order to perform their duties as an ICL.

Date of charge Click here to enter text.

Charge Click here to enter text.

Which police investigated the charge Click here to enter text.

Date of hearing Click here to enter text.

Place of hearing Click here to enter text.

Name of court Click here to enter text.

Whether there was a plea of guilty/finding of guilt? [ ] Yes [ ] No

If so, what conviction or penalty was imposed? Click here to enter text.

Please give results of court proceedings (for example – was not proceeded with; an acquittal; conviction was recorded): Click here to enter text.

Please give any other information relevant to these offences: Click here to enter text.

Date of charge Click here to enter text.

Charge Click here to enter text.

Which police investigated the charge Click here to enter text.

Date of hearing Click here to enter text.

Place of hearing Click here to enter text.

Name of court Click here to enter text.

Whether there was a plea of guilty/finding of guilt? [ ] Yes [ ] No

If so, what conviction or penalty was imposed? Click here to enter text.

Please give results of court proceedings (for example – was not proceeded with; an acquittal; conviction was recorded): Click here to enter text.

Please give any other information relevant to these offences: Click here to enter text.

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: Click here to enter text.

Date: Click here to enter text.