

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

**CASE NUMBER**

## **Notice to Authorised Clinician to attend Court**

Children and Young Persons (Care & Protection) Act 1998

### **Children or young persons**

Name

### **Order to Authorised Clinician**

Name

Address c/- Children's Court Clinic

Email [SCHN-ChildrensCourtClinic@health.nsw.gov.au](mailto:SCHN-ChildrensCourtClinic@health.nsw.gov.au)

Fax 8688 1520

You are required to give evidence before the Children's Court at:

Court

Date

Time

Attendance at request of

On behalf of

Telephone

Attendance  In person  Telephone  Audio Visual Link

Date of assessment report

The anticipated areas of cross examination are:

- 1.
- 2.

[NOTE: If you are unable to attend you should notify the legal representative requesting your attendance]

### **Signature**

Registrar

Date

### **Registry address**

Street address

Postal address

Telephone

## Acknowledgement

[NOTE: Please sign and return a copy of this document to the Children's Court at

I acknowledge receipt of this Notice and confirm that:

- I will be available to give evidence on the date required.
- My availability for the hearing was not sought and I am unavailable on the date required. (In this instance please contact the legal representative requesting your attendance immediately.)

Signature

Name

Date