

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

**CASE NUMBER**

**Notice to Authorised Clinician to attend dispute  
resolution conference or external mediation  
conference**

Children and Young Persons (Care & Protection) Act 1998

**Children or young persons**

Name

**Notice 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 requested to participate in a dispute resolution conference or external mediation conference at:

Place

Date

Time

Attendance at request of

On behalf of

Telephone

Date of assessment report

[NOTE: Attendance is to be by way of telephone unless otherwise directed by the Children's Registrar or requested by the mediator]

The specific discussion points for the dispute resolution conference or external mediation conference are:

1. ...
2. ...

[NOTE: If you are unable to attend on that day you should, in the case of a dispute resolution conference notify the Children's Court Conference Co-ordinator, or, in the case of an external mediation conference notify the legal representative requesting your attendance]

## Signature

Signature

Capacity

Registrar/Children's Registrar

Date

## Registry address

Street address

Postal address

Telephone

## Acknowledgement

[NOTE: You are to sign and return a copy of this document to the Court of Hearing. In relation to a dispute resolution conference a copy must also be given to the Children's Court Conference Co-ordinator at [childrens-court-conference-co-ordinator@justice.nsw.gov.au](mailto:childrens-court-conference-co-ordinator@justice.nsw.gov.au)]

I acknowledge receipt of this Notice and confirm that I will be available to attend on the date required.

Signature

Name

Date