

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

**CASE NUMBER**

**Notice to Authorised Clinician to attend joint  
conference of expert witnesses**

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 required to participate in a joint conference of expert witnesses at:

Court

Date

Time

Attendance  In person  Telephone  Audio Visual Link

Date of assessment report

[NOTE: If you are unable to attend on that day you should notify the Senior Children's Registrar (c/- Parramatta Children's Court, 2 George St, Parramatta, NSW 2150. Telephone: 02 8688 1471. Email: [childrens-court-conference-co-ordinator@justice.nsw.gov.au](mailto:childrens-court-conference-co-ordinator@justice.nsw.gov.au))]

**Signature**

Signature

Capacity Children's Registrar

Date

## Registry address

Street address

Postal address

Telephone

## Acknowledgement

[NOTE: Please complete the below information and return a copy of this document to the Senior Children's Registrar]

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

Signature

Name

Date