# Children, Youth and Families Act 2005 worksheet – Children’s Court (Family Division) – contested interim or final hearing exceeding 10 days

**Refer to part 6 of the VLA Handbook and the notes on fees and other costs payable in State family law matters.**

Client name: Click or tap here to enter text.

VLA ref no: Click or tap here to enter text.

## Part A – background

**Provide further details re. other parties if required.**

Current order: Click or tap here to enter text.

Order sought by client: Click or tap here to enter text.

Order sought by Department of Health and Human Services (DHHS): Click or tap here to enter text.

## Part B – information

Number of extension days sought: Click or tap here to enter text. (do not include initial 10 days in the broadband grant)

Indicate if more than 15 days:  Yes

Number of children: Click or tap here to enter text.

Number of parties: Click or tap here to enter text.

Total number of witnesses: Click or tap here to enter text.

Number of key witnesses: Click or tap here to enter text. (ie witnesses client specifically requires for cross examination)

Number of witnesses called by DHHS: Click or tap here to enter text.

## Part C – materials

1. Date of most recent DHHS report: Click or tap here to enter text.  
   List of other relevant reports: Click or tap here to enter text.  
   Report page ref(s): Click or tap here to enter text.

**Relevant reports are to be attached. See checklist at the end of this worksheet**

1. Conciliation conference attended:  Yes  No  
   Appropriate? (reasons): Click or tap here to enter text.
2. Date of directions hearing: Click or tap here to enter text.
3. Drug screen required?  Yes  No  
   Results, number undertaken: Click or tap here to enter text.  
   Report page ref(s): Click or tap here to enter text.
4. Access regularly attended?  Yes  No  
   Reasons for non-attendance: Click or tap here to enter text.  
   Report page ref(s): Click or tap here to enter text.
5. Other current conditions: Click or tap here to enter text.  
   Details: Click or tap here to enter text.  
   Report page ref(s): Click or tap here to enter text.

**If additional space is required, please attach a separate sheet**

## Part D – practitioner authority

Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.

Print Practitioner’s Name: Click or tap here to enter text.

Name and address of firm: Click or tap here to enter text.

Reference: Click or tap here to enter text.

## Checklist of reports to be attached to this worksheet

Most recent DHHS report (eg disposition and addendum report)

Court clinic report (if available)

Other relevant reports (eg relevant medical reports, support or other service reports)