

Children's Contact Service Application Form

Service Requested:

Supervised Contact

Facilitated Changeover

PART 1 – APPLICANT DETAILS

Name: _____

Date of Birth: ____/____/____

Address: _____

Telephone No.: (Home) _____ (Mobile) _____

Email address: _____

Ex Partners Name: _____

Ex Partners Address: _____

Ex Partners Phone No: _____

Are they aware you have made contact with the Children's Contact Service? Yes No

Contact Details of Legal Representative: _____

Contact Details of Independent Children's
Lawyer (if applicable): _____

PART 2 – CHILD/REN DETAILS

Name	Date of Birth	Gender	Resides with

PART 3 – RELATIONSHIP HISTORY AND CURRENT ISSUES

Is there a current Family Court Order or Parenting Plan in place (Please tick) Please provide a copy

Yes No

Is there a current Intervention Order in place? (Please tick) Please provide a copy

Yes No

** Please note in some cases Intervention Orders may not make it possible for our service to facilitate contact. A variation may be necessary before we could proceed with your application.

Reasons for applying to use the Children's Contact Service:

Signature: _____

Date ____/____/____

** Please note that each parent/guardian must complete and return separate application forms. Following this separate assessment interviews will be held before parents/guardians can use the Children's Contact Service. This process can sometimes take between 2-6 weeks and is subject to availability of the service

Office Use only

Date Application received ____/____/____

Signed _____

Date ____/____/____