LEGAL AID
WESTERN AUSTRALIA

REQUEST FOR CHILD & FAMILY EXPERT ASSISTANCE

Date of Enquiry:

Who is requesting the assessment?

Matter Name:

Matter Number (PTW):

CONTACT DETAILS OF THE PARTIES

Name:
DOB (DD/MM/YYYY):
Contact No:
Email:

Name:
DOB (DD/MM/YYYY):
Contact No:
Email:

Name:
DOB (DD/MM/YYYY):
Contact No:
Email:

Name:
DOB (DD/MM/YYYY):
Contact No:
Email:

Have the parties previously attended a Dispute Resolution Conference? ☐ **Yes** ☐ **No**

Are the parties legally represented? (if so, please provide details)

Next Court date and reason:

CHILDREN'S DETAILS

Name:
DOB (DD/MM/YYYY):
Are there any special needs (if so, please specify):

Name:

DOB (DD/MM/YYYY):

Are there any special needs (if so, please specify):

Name:

DOB (DD/MM/YYYY):

Are there any special needs (if so, please specify):

Name:

DOB (DD/MM/YYYY):

Are there any special needs (if so, please specify):

Current arrangements in relation to Live With/Spend Time With for the child/ren?

ADDITIONAL DETAILS

Has there been any previous involvement of a Single Expert Witness? (if so, please specify who and if they have been discharged)

☐ **No** ☐ **Yes**

How are you hoping a Child and Family Expert can assist with this matter?

Summary: History of time frame of the matter, current dispute, risk concerns, what is agreed/what is in dispute?

Are there any Cultural or Religious matters to consider? (if yes, please specify)

☐ **No** ☐ **Yes**

Is there any other information that you think the Child and Family Expert should know?

Please forward the completed request form with the **matter name** and **file number** in the subject heading to:
ChildandFamilyExperts@legalaid.wa.gov.au
so, an assessment can be determined.