

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

CASE NUMBER

Notice of assessment order

Rule 34 Children's Court Rules 2000

Children or young persons

Name [name]

Date of birth

Address

[NOTE: Where address is not to be disclosed insert 'c/- Department of Family and Community Services at...']

Applicant

Name

Telephone

Details of parties

The Secretary, Department of Family and Community Services

Name of delegate

Address

Name of Solicitor

Address

Mother

Name

Address

Telephone

Name of Solicitor

Address

Telephone

Father

Name

Address

Telephone

Name of Solicitor

Address

Telephone

Other parties

Name

Address

Telephone

Position or relationship
to child or young person

Name of Solicitor

Address

Telephone

Order details

Date order made

Date Assessment Report
to be file with the Court

Next Court date

The Children's Court has made an assessment order and has appointed:

☐ The Children's Court Clinic; or

☐ Others [Please specify]

to prepare and submit the required Assessment Report.

[NOTE: Attach a copy of the Assessment Order]

Seal and Signature

Signed

Capacity

Date