



Children's Contact Service Caseworker & Lawyer Intake Form

For use by referring Caseworkers & Legal Representatives

Purpose of this form

This intake form is designed to support timely, child-focused referrals from Child Safety and partner agencies. It enables the Children's Contact Service to assess suitability, plan safe service delivery, and minimise the need for follow-up information requests, while respecting statutory roles and responsibilities.*

Instructions

Please complete all relevant information

Today's Date ____/____/____

1. Referral Details

Referring Agency / Organisation: _____

Legal Guardians ☐ Y ☐ N

Caseworker Name/ Lawyer's Name : _____

Position / Team: _____

Firm _____

Phone: _____

Email: _____

Date of Referral: _____

Urgency: ☐ Standard ☐ Urgent

Reason/Purpose or Goals

2. Family Details

Child / Children

(Attach additional page if required)

Childs Name _____

DOB _____

Age _____

Gender _____

School _____

Disability/Additional Needs

Parent / Party A (Primary Carer)

Full Name:

Relationship to Child:

Phone: _____ Email: _____

Address: _____

Drivers Licence Number (or other form of ID)

3. Parent / Party B (Visiting Parent)

Full Name: _____

Relationship to Child: _____

Phone: _____

Email: _____

Address: _____

Drivers Licence Number (or other other form of ID) _____

Others in Attendance

Full Name: _____

Relationship to Child: _____

Phone: _____

Email: _____

Address: _____

Full Name: _____

Relationship to Child: _____

Phone: _____

Email: _____

Address: _____

Drivers Licence Number (or other other form of ID) _____

4. Legal Status

Current Orders in Place? ☐ Yes ☐ No

Type: ☐ Parenting Orders ☐ Interim ☐ Final ☐ Temporary Assessment Order ☐ Court
Assessment Order ☐ Child Protection Order ☐ AVO

Court / Jurisdiction: ☐ Federal Circuit and Family Court of Australia ☐ Childrens Court of NSW
or Queensland

Order / Order Type: _____

Order Date: _____

Expiry / Review Date (if applicable): _____

Copy of Orders Attached: ☐ Yes ☐ No

Key Conditions Relevant to Contact Service (e.g. supervision level, communication restrictions, safety requirements):

5. Reason for Referral

This service operates as a neutral, non-investigative support service. Information provided assists with safety planning, supervision level decisions, and child-focused engagement. The service does not replace statutory assessment or decision-making by Child Safety. (Select all that apply)

- ☐ Family separation / reintroduction
- ☐ Conflict between parents
- ☐ Child safety concerns (non-investigative)
- ☐ Long period of no contact
- ☐ Court-directed supervised contact
- ☐ Professional recommendation
- ☐ Other:

Brief Background Summary (Caseworker /Lawyer overview):

6. Risk & Safety Screening (Caseworker Assessment)

The Children's Contact Service relies on professional information shared by Child Safety and referring agencies. Disclosure of known risks supports safe service delivery and does not transfer statutory responsibility.

Known or Suspected Risks (tick all that apply):

- ☐ Domestic and family violence (DFV)
- ☐ Substance misuse
- ☐ Mental health concerns
- ☐ Aggressive, threatening, or coercive behaviour
- ☐ Child Safety involvement (current or historical)
- ☐ Sexual harm concerns (non-investigative)
- ☐ None identified

Safety Concerns, Triggers, or Escalation Risks:

Risk Management Strategies Already in Place (if any):

Is this referral appropriate for a *private / low-medium risk* Children's Contact Service?

- ☐ Yes ☐ No ☐ Pre approved by Service ☐

Note: If risks are assessed as high or unmanaged, the service may request further information or decline the referral in line with its duty of care.

7. Child-Specific Considerations

Child's understanding of contact: ☐ Aware ☐ Limited ☐ Not discussed

Emotional presentation: ☐ Calm ☐ Anxious ☐ Resistant ☐ Excited ☐ Unknown

Details:

Medical needs / allergies:

Cultural considerations:

Communication or behavioural needs:

Food and Essential items: Who is responsible for bringing

Pram

Sunscreen, hat, drink bottle

Toys

NB: A Grazing Box is provided.

8. Contact Arrangement Requested

Type of Service: ☐ Supervised/Monitored Contact with Continuation visits ☐

Location Preference: ☐ Centre-based ☐ Community-based ☐ No preference

NB: Recommended venues and addresses will be supplied and are subject to change in the event of adverse weather or unforeseen circumstances.

Frequency: eg. Once a week, fortnight, month.

Preferred Days / Times: _____

Start Date Requested: _____

Bundles

Bundle 1 ☐ 2hour visit

Bundle 2 ☐ 3hour visit

Bundle 3 ☐ 4hour visit

Bundle 4 ☐ Continuance Bundle

* Intake and Assessment Bundle (This is a Compulsory charge and non refundable if visit is cancelled)

9. Reporting Requirements

Written Session Summaries are written at every visit. See Fees and Bundles.

Report Recipients: ☐ Court ☐ Lawyers ☐ Caseworker ☐ Parent 1 ☐ Parent 2

Additional reporting instructions:

9. Information Sharing, Consent & Information Exchange

Information is requested and shared for the limited purpose of facilitating safe contact services. The Children's Contact Service stores information securely and uses it in accordance with privacy obligations and service policies.

- ☐ Parties have been informed of this referral
- ☐ Consent obtained to share relevant information with the Children's Contact Service
- ☐ Information shared is consistent with Chapter 5A, *Child Protection Act 1999 (Qld)*
- ☐ *Child Protection Act 1998(NSW)*
- ☐ Orders, safety concerns, and risk information provided are current and accurate

10. Additional Notes / Professional Recommendations

11. Caseworker / Lawyer Declaration

I confirm that the information provided is accurate to the best of my knowledge and is suitable for consideration by a Children's Contact Service. I confirm that information has

been shared in accordance with relevant NSW/ Queensland legislation and departmental policies.

Caseworker /Lawyer Name: _____

Department / Service Centre: _____

Legal Firm: _____

Signature: _____

Date: _____

12. What happens next ?

After your follow-up call to secure your first booking, you'll receive a Service Agreement for signature outlining the roles and responsibilities of all parties (including the Coffs Coast Contact Services Monitor), Invoice and payment terms, our cancellation policy, and circumstances where services may be terminated. • Once the agreement is signed, we'll provide a proposed schedule for visits or changeovers based on your client's availability. • After you confirm the schedule, a Supervisor and Monitor will be allocated and visits arranged. Regular updates will be provided throughout the process.

Office Use Only

Acceptance of a referral does not indicate endorsement of any party's position and does not substitute for statutory oversight or court determination.

- Referral received by: _____
- Date received: _____
- Outcome: ☐ Accepted ☐ Further information required ☐ Declined
- Notes
