



Coffs Coast Contact Services

Supervised Contact Referral Form

Law Firm Name: _____

Solicitor Name: _____

Email: _____ Phone: _____

Date of Referral: ____ / ____ / ____

Client (Referring Parent): _____

Other Party: _____

Children (Names & DOBs):

Court (if applicable): _____

Matter Number: _____

Type of Service Requested (tick):

Supervised Contact Visits

Supervised Changeovers

Community-Based Supervision

Observation & Reporting

Other: _____

Proposed Frequency: _____

Duration of Visits: _____

Proposed Commencement Date: ____ / ____ / ____

Relevant Court Orders Attached: Yes No

Relevant Considerations (safety concerns, child protection, special needs, etc.):

Additional

We confirm our client has been advised of your service fees and intake process.
Intake Fees are \$300 paid upfront and Bundles start at \$425 and can be paid off.
Please forward intake documentation directly to:

- Our office
- Our client
- Both

Should you require any further documentation, including sealed court orders or affidavits, please contact our office.

We appreciate your assistance in facilitating safe and child-focused contact.

Yours faithfully,

Signature: _____

Solicitor Name: _____

Law Firm Name: _____

Contact Details: _____

Date: ____ / ____ / ____

