**Particulars Form – Parenting Matters**

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| **Conference date** | Click or tap here to enter text. |
| **Time** | Click or tap here to enter text. |
| **Length of Conference** | Choose an item. |
| **Location** | Choose an item. |

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| **Your name** | Click or tap here to enter text. |
| **Represented by** | Click or tap here to enter text. |
| **Other parties’ name** | Click or tap here to enter text. |
| **Represented by** | Click or tap here to enter text. |

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| **Solicitor directions (if Parents are represented)** |
| 1. Please ensure this form has been completed and sent back to the Practitioner at least two (2) working days prior to the conference date. 2. Please exchange the completed Particulars Form with the other parent’s solicitor at least two (2) workings days prior to the conference date. |

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| **Are there any Court Orders in place currently?** | |
| **VRO?** *Please provide copy Next Hearing date?* | * Click or tap here to enter text. |
| **Family Court?** *Please provide copy Next Hearing date?* | * Click or tap here to enter text. |

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| **Parties’ details** | | |
|  | **Your details** | **Other parent’s details** |
| **Family Name** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Given Names** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Gender** | Choose an item. | Choose an item. |
| **Date of birth** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Occupation** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Is an Interpreter required?**  **What language?**  *(Please note interpreter cost will be added to overall conference fee)* | Choose an item.  Click or tap here to enter text. | Choose an item.  Click or tap here to enter text. |

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| **Important Dates** | |
| **Date relationship started** | Click or tap here to enter text. |
| **Date of cohabitation** | Click or tap here to enter text. |
| **Date of marriage  (if applicable)** | Click or tap here to enter text. |
| **Date of final separation** | Click or tap here to enter text. |
| **Date of divorce (if applicable)** | Click or tap here to enter text. |

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| **Children’s details** | | | |
| **Child 1** | | **Child 2** | |
| **Family name** | Click or tap here to enter text. | **Family name** | Click or tap here to enter text. |
| **Given name** | Click or tap here to enter text. | **Given name** | Click or tap here to enter text. |
| **Date of birth** | Click or tap here to enter text. | **Date of birth** | Click or tap here to enter text. |
| **Gender** | Choose an item. | **Gender** | Choose an item. |
| **Lives with** | Click or tap here to enter text. | **Lives with** | Click or tap here to enter text. |
| **Child 3** | | **Child 4** | |
| **Family name** | Click or tap here to enter text. | **Family name** | Click or tap here to enter text. |
| **Given name** | Click or tap here to enter text. | **Given name** | Click or tap here to enter text. |
| **Date of birth** | Click or tap here to enter text. | **Date of birth** | Click or tap here to enter text. |
| **Gender** | Choose an item. | **Gender** | Choose an item. |
| **Lives with** | Click or tap here to enter text. | **Lives with** | Click or tap here to enter text. |
| **Child 5** | | **Child 6** | |
| **Family name** | Click or tap here to enter text. | **Family name** | Click or tap here to enter text. |
| **Given name** | Click or tap here to enter text. | **Given name** | Click or tap here to enter text. |
| **Date of birth** | Click or tap here to enter text. | **Date of birth** | Click or tap here to enter text. |
| **Gender** | Choose an item. | **Gender** | Choose an item. |
| **Lives with** | Click or tap here to enter text. | **Lives with** | Click or tap here to enter text. |

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| **What are the current arrangements for the children?** |
| * Click or tap here to enter text. |

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| **Do the current arrangements need to change?** |
| * Click or tap here to enter text. |

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| **What do the children want?** |
| * Click or tap here to enter text. |

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| **What do you say the dispute is actually about?** |
| * Click or tap here to enter text. |

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| **What is stopping you agreeing with the other parent?** |
| * Click or tap here to enter text. |

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| **What do you say should happen now?** |
| * Click or tap here to enter text. |

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| **What does the other parent need to do in order for you to move forward?** |
| * Click or tap here to enter text. |

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| **Family & Domestic Violence (FDR)** | |
| **Has FDV occurred during the relationship?** | * Click or tap here to enter text. |
| **Describe what has happened**  *Financial, Social, Physical, Sexual, Verbal, Emotion, Psychological* | * Click or tap here to enter text. |
| **Have the children experienced the FDV? How?** | * Click or tap here to enter text. |

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| **Is there anything else you think the Practitioner needs to know?** |
| * Click or tap here to enter text. |