

Election for Care and Protection Intensive list- Suitability Assessment



AUSTRALIAN CAPITAL TERRITORY

Childrens Court

Election for Care and Protection Intensive list- Suitability Assessment

Referral date: / /

Matter # _____

Name: _____ Contact Number: _____

D.O.B: _____ Mother Father

Parent address: _____

Aboriginal and/or Torres Strait Islander: Yes No

Culturally or linguistically diverse background: Yes No

Is a translator Required? (If yes, what language?) Yes No _____

Representative Solicitor: _____

Telephone: _____

Solicitor email: _____

Primary Child Protection Practitioner (CPP): _____

CPP email: _____ Telephone: _____

Election for Care and Protection Intensive list- Suitability Assessment

Care and Protection Intensive List

Parent consent and information

Do you consent to participate in a suitability assessment for TCC?

YES NO

Do you consent to a criminal history record check? YES NO

Do you consent to urinalysis screening as a condition of acceptance into the CPIL, if ordered?

YES NO

Do you consent to the release of information to the Independent Family Assessor so they can make an assessment of suitability for participation in the Therapeutic process and make recommendations for the development of your Family Recovery Plan?

YES NO

Number of children in the family: _____ Number of children in Out of Home Care: _____

Do you acknowledge there are current issues within the family that require support?

YES NO

Comment: _____

Do you have any current criminal matters?

YES NO

Please specify: _____

Do you have any mental or physical Health impairments that may impact your ability to engage in the suitability assessment?

YES NO

Please specify: _____

Are you in a significant relationship?

YES NO

If yes, is family violence present in this relationship? YES NO

Please specify: _____

Election for Care and Protection Intensive list- Suitability Assessment

Are there additional support organizations already engaged with the you? i.e. DVCS, community advocates, current rehabilitation program?

YES NO

Please list any support agencies:

Is there anything else you would like the court to know that might affect you in the Therapeutic Court process? YES NO

Please specify:

Why do you want to engage in the Therapeutic Care court?

Information about Children

1. **Name:** _____ **D.O.B:** _____
Current Carer: _____ **Relationship to child:** _____
Address: _____

Election for Care and Protection Intensive list- Suitability Assessment

2. **Name:** _____ **D.O.B:** _____
Current Carer: _____ **Relationship to child:** _____
Address: _____

3. **Name:** _____ **D.O.B:** _____
Current Carer: _____ **Relationship to child:** _____
Address: _____

4. **Name:** _____ **D.O.B:** _____
Current Carer: _____ **Relationship to child:** _____
Address: _____