



Record of Hearing - Protection Application

Reference Number

OPEN THE COURT

Take Charge: Introduce yourself state why you are there and how you will conduct hearing

Date / /20__ Location _____ Time Start : _____ Time Finish : _____

- Application received Stated why I have been called Explained how the hearing will be conducted
- Stated name & office Explained what IAO is Confirmed parties have copy of application

CHILD DETAILS

Note relevant details of child

Child's full name _____ Date of Birth _____

Current address _____ Age _____ / _____ / _____
Years

Male Female

OTHERS PRESENT

List only those relevant

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Applicant _____	Position _____ Agency _____
Applicant _____	Position _____ Agency _____

- Confirm Rules of Hearing Confirm understood Applicant consented to Child present Yes No
- Formally ask what is requested Application not consented to Child being treated Yes No

APPLICATION GROUNDS

- Breach of previous Order Details: _____
- Child has been abandoned Child's parents are dead or incapacitated
- Suffered or likely to suffer significant physical harm Suffered or likely to suffer significant sexual abuse or harm
- Suffered or likely to suffer significant emotional harm Suffered or likely to suffer significant basic health care neglect
- Supporting Evidence / Information Strong Average Weak

SUITABLE PERSON

Relationship or Details _____

Evidence of Agreement to Act _____

DECISIONIAO Granted Yes No Children's Court at _____ Date _____ / _____ / _____**CONDITIONS**

- Released on child signing undertaking to appear Placed in an Out of Home care service
- Released into care of parent Placed in a declared Hospital
- Placed with a suitable person Placed in a declared Parent and Baby Unit
- Any Special Conditions Attaching Placed in Secure Welfare as there is a substantial and immediate risk of harm to the child.

