

**IN THE CHILDREN'S COURT  
OF NEW SOUTH WALES  
AT**

**CASE NUMBER**

## **Notice of assessment order**

Rule 34 Children's Court Rules 2000

### **Children or young persons**

**Name** [name]

Date of birth

Address

[NOTE: Where address is not to be disclosed insert 'c/- Department of Family and Community Services at...']

### **Applicant**

Name

Telephone

### **Details of parties**

#### **The Secretary, Department of Family and Community Services**

Name of delegate

Address

Name of Solicitor

Address

#### **Mother**

Name

Address

Telephone

Name of Solicitor

Address

Telephone

#### **Father**

Name

Address

Telephone

Name of Solicitor

Address

Telephone

**Other parties**

Name

Address

Telephone

Position or relationship  
to child or young person

Name of Solicitor

Address

Telephone

**Order details**

Date order made

Date Assessment Report  
to be file with the Court

Next Court date

The Children's Court has made an assessment order and has appointed:

The Children's Court Clinic; or

Others [Please specify]

to prepare and submit the required Assessment Report.

[NOTE: Attach a copy of the Assessment Order]

**Seal and Signature**

Signed

Capacity

Date