**IN THE CHILDREN’S COURT**

**OF NEW SOUTH WALES**

**AT**

**CASE NUMBER**

# Notice to Authorised Clinician to attend Court

Children and Young Persons (Care & Protection) Act 1998

## Children or young persons

Name

## Order to Authorised Clinician

Name

Address c/- Children’s Court Clinic

Email SCHN-ChildrensCourtClinic@health.nsw.gov.au

Fax 8688 1520

You are required to give evidence before the Children’s Court at:

Court

Date

Time

Attendance at request of

On behalf of

Telephone

Attendance [ ]  In person [ ]  Telephone [ ]  Audio Visual Link

Date of assessment report

The anticipated areas of cross examination are:

1.
2.

[NOTE: If you are unable to attend you should notify the legal representative requesting your attendance]

## Signature

Registrar

Date

## Registry address

Street address

Postal address

Telephone

## Acknowledgement

[NOTE: Please sign and return a copy of this document to the Children’s Court at

I acknowledge receipt of this Notice and confirm that:

* I will be available to give evidence on the date required.
* My availability for the hearing was not sought and I am unavailable on the date required. (In this instance please contact the legal representative requesting your attendance immediately.)

Signature

Name

Date