

**IN THE DISTRICT COURT
OF NEW SOUTH WALES
AT**

CASE NUMBER

**Request to Court for Authorised Clinician to give
evidence**

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

childrens_court_clinic@agd.nsw.gov.au

Fax

8688 1520

Take notice that you are required to give evidence before the District 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 the Authorised Clinician is unable to attend as directed he/she should notify the legal representative requesting their attendance]

Signature

Signature

Capacity

Date

Registry address

Street address

Postal address

Telephone

Acknowledgement

[NOTE: Authorised Clinician to sign and return copy to Court of Hearing]

I acknowledge receipt of this Notice and confirm that I will be available to give evidence on the date required.

Signature

Capacity

Date