



REQUEST FORM FOR SINGLE EXPERT

(without prejudice)

- 1) Who is requesting the assessment? _____
- 2) Are you the Independent Children's lawyer?
Yes
No, I represent: _____
(If you are not the Independent Children's lawyer, please specify who you represent)
- 3) Name of the Parties: _____ PTW: _____
- 4) Are the parties represented?
Father:
No
Yes, Solicitor is: _____

Mother:
No
Yes, Solicitor is: _____
- 5) Number of children: _____ Ages: _____
- 6) Do the parties have partners which need to be interviewed:
No
Yes (How many parties) : _____
- 7) Are the parties living within 30 minutes of Perth City (Please specify the suburbs):
Yes No
Suburb (father): _____

Yes No
Suburb (mother): _____
- 8) Funding:
Legal Aid
Private
- 9) Level of urgency: _____
(Including date of trial)

10) Allegations of one **or** both sides:

Sexual Abuse

Violence

Mental Health

Alienation

Drugs

Shared Care

11) Brief summary of Allegations:

12) Is contact taking place currently with both parties:

Yes, What schedule: _____

No, How long since last contact: _____

13) How much documentation: _____

14) Have subpoenas been issued:

No

Yes (How many): _____

15) Has there been a Single Expert in this matter before:

No

Yes (Who): _____

16) Are there any major Cultural **or** Religious issues:

No

Yes (Please specify): _____