

**CHILDREN & MATERNITY SERVICES, HSSD
REQUEST FOR LEGAL ADVICE/REPRESENTATION¹**

Date: _____

Time: _____

**Part A
(to be completed in all matters)**

Enquiring Social Worker/Manager

Name(s): _____

Team: _____

Contact Tel. No: _____

Child(ren's) name(s): _____ **DOB:** _____

_____ **DOB:** _____

_____ **DOB:** _____

_____ **DOB:** _____

Summary of Query²:

Court Application: Y/N* (If Yes, have you completed a draft Court Application, CF1? Y/N*)

List supporting documents enclosed:

1. _____

2. _____

3. _____

4. _____

Urgency: Low ☐ **(within 2 weeks)** **Medium** ☐ **(1 week)** **High** ☐ **(24 hours)**

¹ Legal advice will not normally be sought without first discussing the case with a manager.

² If this is a request to attend a meeting, please set out:

- (i) the purpose of the meeting,
- (ii) why legal attendance is required,
- (iii) who else will be at the meeting.

You must also send supporting papers and if possible an agenda (unless an emergency)

Part B

(to be completed in all matters where the information required below is *not* set out clearly in the enclosed documents (e.g. Initial Assessment Record))

Mother	Name	Address

Father	Name	Address
P.R. Y/N*:		

Any other person with P.R.?	Y/N*	If yes, who:

Where is/are the child(ren) currently living?

Is/are Child(ren) subject to an existing order Y/N* (e.g., Care Requirement)	If Yes, Type of Order:

Is/are Child(ren) on the Child Protection Register Y/N*	If Yes, category and date of first registration:

Any other relevant information not set out elsewhere:

*delete as appropriate