



# Children's Court of Western Australia

## Trial Listing Callover Certificate

Protection and Care of Children

*Children & Community Services Act 2004*

**File No/s:**

**Date Filed:**

**Court Date:**

at  am  pm

**Court Location:** 160 Pier Street, Perth WA 6000

**Filed on Behalf of** (tick one): **Full Name:**

Communities  Mother  Father  Separate Representative

Joined Respondent  Other [State relationship to child]:

**Child 1** - Full Name:

Date of Birth:

Gender:  Male  Female  Other

**Child 2** - Full Name:

Date of Birth:

Gender:  Male  Female  Other

**Child 3** - Full Name:

Date of Birth:

Gender:  Male  Female  Other

**Child 4** - Full Name:

Date of Birth:

Gender:  Male  Female  Other

### Application

Protection Order (Supervision)  Protection Order (Time Limited)

Protection Order (Until 18)  Protection Order (Special Guardianship)

Revoke and Replace  Revocation  Other:

### Trial

Dates Matter was originally listed for trial:

Location of Trial:

Estimated length of Trial:

### Issues Agreed

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**Matters in Dispute**

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Do you have legal representation for trial:  Yes  No

Interpreter required:  Yes  No

Language(s):

Bring up order required:  Yes  No

Name: Location:

Audio/Video links required:  Yes  No

CCTV room required:  Yes  No

**Trial Documents**

All Communities Affidavits filed:  Yes  No

Trial Affidavits to be filed by (insert date):

Chronology filed:  Yes  No

Witness List filed:  Yes  No

Expert Reports filed:  Yes  No

Updated Section 143 Proposal filed:  Yes  No

Responses filed:  Yes  No

Programming Order required:  Yes  No

**Court Hearings**

Has there been a Pre Hearing Conference:  Yes  No

Should there be a further Pre Hearing Conference:  Yes  No

Should there be a Directions Hearing:  Yes  No

**External Conferences**

Has there been a Mediation Conference:  Yes  No

Should there be a further Mediation Conference:  Yes  No

**Witnesses**

Number:

Names of Proposed Witnesses (Title/Service/Agency details) and any dates that they are not available:

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Reports of Experts to be relied upon:

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Name of Expert and Date of Report:

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**Signature** (party/lawyer):

**Date:**

**Name of Law Firm:**