



**Department for Child Protection and Family Support**  
**Schedule 4 Form Conference Outline**

FORM 258  
01/14

**CPFS SIGNS OF SAFETY PRE HEARING CONFERENCE OUTLINE**  
**(This document will not be filed at Court)**

1. Purpose of conference at this time for the Department.

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2. Name/s of child/ren and date/s of birth:

3. Name of child protection worker and team leader (attending) and CPFS district office:

4. Name of CPFS lawyer:

5. Name of respondents and their lawyers:

6. Is there a separate representative for the child/ren? \_\_\_\_\_. If so, who? \_\_\_\_\_.

7. List of any risks, harm or dangers that CPFS are worried about:

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8. List of any strengths or safety CPFS knows about:

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9. List of what the CPFS says needs to happen:

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10. CPFS's short term plans for the child/ren including placement, assessment of relative carers, contact, how the child's/ren's needs will be met:

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11. Long term plans for child/ren:

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Signed: \_\_\_\_\_

Dated: \_\_\_\_\_