|  |  |
| --- | --- |
| DATE: | |
| **Your Details** | |
| Your name / Solicitor with Conduct’s name: | Firm: |
|  |  |
| Tel Number: | Email: |
|  |  |
| Who are you Representing? | |
| Case Reference: | |

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| **About the Case** | |
| Type of Proceedings:  *Delete as appropriate* | Care / Private Law / Pre-Proceedings / Other (state what) |
| **Private Law only**: | Do parties have representation?  How is the case funded? |
| Type of assessment required:  *Delete as appropriate* | Psychological / Cognitive Assessment / Capacity Assessment / Full Psychiatric / Psychiatric Capacity Assessment / Other request (state what): |
| Local Authority: |  |
| No. of people to be assessed: |  |
| Names (if known): |  |
| Location of client(s): |  |
| Can solicitor accommodate appointment at their office: | Y / N  Where is this? |
| If children are part of the assessment: | |
| Names / ages of children |  |
| Location (no. of placements / locations) |  |
| Are they having contact with family?  If yes, how often/where does this take place? |  |

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| **Details of case:**  **Please provide as much background information to the current situation as possible, stating why the assessment is required and what the specific concerns are in respect of *each* individual who requires assessment.**  **Please also advise when the matter is returning to court so information can be provided to you in good time.**  ------------------------------------------------------------------------------------------------------------------------------------------ |

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| **Court Information** | |
| When is a report needed/what stage are the proceedings at: |  |
| Judge / Court: |  |
| Next Directions hearing: |  |

**FOR OFFICE USE ONLY:**

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| **Follow Up Information** | |
| Action taken: |  |
| CVs/Costs sent: |  |
| Date to chase up: |  |
| Confirmed on: |  |
| Expert Instructed: |  |
| Agreed Filing Date: |  |
| **Notes:** |  |
|  |  |