

**REVIEW APPLICATION**

Please print clearly. If insufficient space, use separate numbered sheets. Sheets attached ( ).

**PLEASE CONSULT ATTACHMENT A BEFORE SUBMITTING THIS FORM**

If you have difficulties completing this form please contact the Tribunal on (07) 3225 8346 for assistance.

**Applicant(s)**

<b>Name(s)</b>	
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<b>Address</b>	
	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>Telephone</b>		<b>Facsimile</b>	
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<b>Mobile</b>		<b>Date of Birth</b>	
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Commission for Children and Young People Act 2000 applications under s121(1)a and s121(1)b do not have to complete Section 1 but go straight to Section 2 and complete the remainder of the form.

**Section 1**

Name and D.O.B of child(ren) decision is about	Name	D.O.B
(1)		(1)
(2)		(2)
(3)		(3)

<b>Tick the box that best describes your relationship with the subject child</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Foster Carer <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Other (Please Specify) _____
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**Is this an application brought on behalf of a child** YES  NO   
 (If an application is brought on behalf of a child, the President's permission is required by the Children Service Tribunal Act 2000 s59(1) before this application is filed) .

**Do you need the President's permission to file this application?** YES  NO

**Section 2**

<b>Briefly outline the decision that has been made</b>	
See <b>Attachment A</b> for decisions that can be reviewed	

Please attach a copy of the decision or letter notifying the reasons from the Department of Families or Commission for Children and Young People. (Do not send originals)

**Is a stay of the decision required** YES  NO

(A hearing for a stay of the decision under review will, if successful, only temporarily suspend the decision until a full hearing. Stays are only granted in exceptional circumstances. A stay is not the final decision of the Tribunal. If you need help answering this question contact the Registry. A stay hearing is not possible for decisions being reviewed under sections 121(1)(a) and 121(1)(b) of the *Commission for Children and Young People Act 2000*).

**Section 3**

<b>Name, Position and Area Office of Decision- Maker</b>	
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<b>State briefly why you think the decision is wrong or not properly made</b>	
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<b>Briefly describe any other facts you think are important</b>	
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<b>Briefly describe what you want to happen</b>	
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<b>Aboriginal or Torres Strait Islander</b>	The applicant <input type="checkbox"/> , the child <input type="checkbox"/> or another party interested in these proceedings <input type="checkbox"/> identifies with Aboriginal <input type="checkbox"/> or Torres Strait <input type="checkbox"/> heritage <i>Please tick appropriate box(s)</i>
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<b>Interpreter</b>	Is an interpreter required <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> If YES, please specify language: _____
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<b>Phone Hearing</b>	Some or all of the hearing may be by telephone. Please provide a number to be contacted on for this purpose _____
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<b>Signature of Applicant</b>	Filed by (please print) _____ Signature _____ Date     /     / _____
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