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| --- |
| **Confidential Information for:** **[enter name of court]** |
|  |
| **Information provided by:** **[enter regional location of Family Safety Meeting]** |
|  |
| **Victim’s Details:** |
| Name: |       |
| DOB: |    /    /      |  |
|  |
| **Accused’s Details:** |
| Name: |       |
| DOB: |    /    /      |  |
|  |
| **Child / Children’s Details:** |
| Provide Name / DOB of all children: |
|       |
| Child / Children reside with:  |
| [ ]  Victim only [ ]  Accused only [ ]  Shared care [ ]  Other: |       |
|  |
| This victim was referred to a Family Safety Meeting on **[insert date]** as a ‘high risk’ victim at imminent risk of death or serious harm. The following actions have been taken by the Family Safety Meeting: |
|       |
| Current concerns / issues: |
|       |
| Family Safety Meeting information for consideration of the Court: |
|       |
|  |