

**APPLICATION FOR A REVIEW OF A CASE PLANNING DECISION****Under section 93 Children and Community Services Act 2004**

This application must be lodged within 14 days of receiving a copy of the care plan or modified care plan.

This period can be extended in special circumstances.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

What is your relationship to the child? \_\_\_\_\_

Which Case Planning Decision(s) of the Care Plan do you want reviewed and why? *Briefly state why you are not satisfied with those points. (You may wish to say why you feel these points are not in the best interests of the child/ren as the Chairperson of the Care Review Panel is likely to consider these issues in deciding how the review will be held.)*

(If more space required please attach a separate sheet.)

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**Care Plan Meeting Details**

Where was the Care Plan meeting held? \_\_\_\_\_

Date of Care Plan meeting \_\_\_\_\_

Have you discussed your concerns/objections with the Chairperson? \*

Yes      When (date)? \_\_\_\_\_       No

*\* Please note, while this discussion is not mandatory you are encouraged to contact the person who chaired the case planning meeting as soon as possible to discuss your concerns. This will help you better understand why the chairperson made certain decisions. You and the chairperson may be able to negotiate some changes to the care plan at this discussion. Of course, regardless of the outcome of this discussion you can still apply to have the decisions of the care plan reviewed by the Case Review Panel.*

Has this/these case planning decision(s) been reviewed by the Panel before? If yes, what has changed since you previously asked for a review?

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You have the right to bring a support person with you to the review if you wish.  
(Agencies and other organisations do not generally bring a support person with them.)

Will you be bringing a support person with you?       Yes       No

If yes, who will that person be? \_\_\_\_\_

What is your support person's relationship to you? (i.e. friend, relation, other agency personnel)

Will you require an interpreter?       Yes       No

If yes, what language \_\_\_\_\_

Will you require an AUSLAN interpreter?       Yes       No

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS FORM MUST BE RETURNED WITHIN 14 DAYS OF RECEIVING THE CARE PLAN TO:**

The Executive Officer, Case Review Panel,  
C/- The Department for Child Protection,  
189 Royal Street, East Perth WA 6004