## F5. Advocates’ meeting minute: CMH / FCMH

ADVOCATES’ MEETING MINUTE

CMH/FCMH

Case Number:

Name of child(ren):

Date of meeting:

Date of hearing:

**In Attendance / By Telephone:**

LA

Mother

Father

Other parties

Child(ren)

Interveners

**The agenda items appear in bold and are numbered.**

1. **Confirmation from LA of interim care plan e.g placements/contact/child(ren)’s progress**

**Issues in the case**

Under each heading set out what is agreed and not agreed and the position of the party who is in disagreement.

If a party’s position is unknown please state the reason why.

1. **Orders sought by the LA and Interim Care Plan**
2. **Does any party raise issue with LA assessments and seek further assessment? If yes, state reason why.**
3. **Do the issues in the case deem an expert assessment necessary? If yes, state reason why.**
4. **What family assessments/connected persons are to be completed and by when?**
5. **Do any of the following issues feature in this case?**

* **Paternity**
* **HMRC/DWP orders**
* **Immigration issues**
* **Capacity/cognitive functioning**
* **International elements**
* **Separate representation for the child**

**Case management Order**

1. **Timetable of the case**
2. **Disclosure**
3. **Evidence**
4. **Assessments**
5. **Compliance with previous CMO orders**
6. **Required reading**

**Representation for the parties at the hearing will be:**