New Client Form



Complete this form electronically, save your completed copy or print out and fill in by hand. Return by e-mail: info@sucoservices.com.au or post: PO Box 54, Figtree, NSW, 2525

Person Requesting Service				
Title	First name	Last name	Last name	
Address		Phone	E-mail	
Relationship to child/ren?		or Relationship to family?		
Are you enqu (tick any that	_	Are there Court Orders relating to the child/ren?	Are there AVOs relating to the family?	
Court Ordered Contact		Yes	Yes	
Supervised Contact		No	No	
Transport				
Changeov	er			
Other				
Note: Copies	of Court Orders / AVOs	s will need to be provided prior to a So	ervice Agreement being made.	

Who will be paying for this service?

Parents / Carers / Visiting Person

Complete details for both

Visiting Person

Non-Visiting Person

parties:

(Person who is having the contact with the child/ren)

(Person with whom the child/ren reside)

Full Name

Date of Birth

Relationship to child/ren

Address

Phone

E-mail

Identify as

Aboriginal

Torres Strait Islander

Neither

Aboriginal

Torres Strait Islander

Neither

Solicitor Details (where applicable) Name Phone

E-mail

In the case where the non-visiting person is a foster carer please give details of the Case Worker, Care Agency/FACS office involved.

Independent Children's Lawyer Details (where applicable)

Are all parents aware of this request for contact services?

Yes

No

Children

Full Name Date of Birth M/F Age 1 2 3 4 5 6 Any other comments/information about the children?

What happens next?

Once received a member of the SuCo team will contact you, gather more information including the details of the service required and provide a detailed quote.

Before the service goes ahead the person paying for the service will need to approve the quote and all parties will need to agree to the Service Agreement. This sets out the details for the service.

Please feel free to call or e-mail separately with any other questions.

tel: 0409 287 047

e-mail: info@sucoservices.com.au