**FS. Advocates' meeting minute: CMH** / **FCMH**

# ADVOCATES' MEETING MINUTE CMH/FCMH

Case Number: Name of child(ren): Date of meeting: Date of heari ng:

# 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 d isagreement .

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

# Orders sought by the LA and Interim Care Plan

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

1a.Assessments

1. Compliance with previous CMO orders
2. Required reading

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