|  |  |
| --- | --- |
|  Our Ref:  | Phone: Fax:  |

Department of Family & Community Services
Locked Bag 10,

**Strawberry Hills NSW 2012**

Dear ,

**CARE PROCEEDINGS FOR Born on:**

I confirm that I act as the Independent Legal Representative in the above proceedings.

Please find **enclosed**, by way of service, a sealed copy of our Notice of Address for Service/Notice of Acting filed at.

Yours sincerely

**Solicitor**

Encl.