

Telegraphic Code Address:  
"CHILDSERVE"  
C.S.D. 62



All communications must be addressed  
to the Supervising Child Care Officer.

P.O. BOX 48,  
CIVIC CENTRE, INALA  
TELEPHONE: 372 2433 or 372 2649  
If telephoning or calling

ask for Mr.....

In reply PLEASE QUOTE  
Reference No.....

# *Department of Children's Services*

**COMMUNITY HEALTH SERVICES CENTRE,  
WIRRAWAY PARADE,**

**INALA, QLD. 4077.....**

(OFFICIAL USE ONLY)

**PART II**

**DECLARATION BY DIRECTOR**

Being satisfied that the child/children in respect of whom this application is made is/are in need of care and protection and that such care and protection cannot be secured to such child/children by the giving of assistance under Part V of "The Children's Services Act of 1965," I hereby declare the said child/children to be admitted to my care and protection.

**Director**  
Department of Children's Services

Date.....

NOTE	INITIAL	DATE
V. Card.		
Mother		
School		
Stats.		
F. Card		
I. Card		
Mtnce.		
Wages		
C.W.O.		