

# Osprey Approach: Public Children

This help guide was last updated on  
Jan 5th, 2023

The latest version is always online at  
<https://support.ospreyapproach.com/?p=16065>

[Click here for a printer-friendly version](#)





**NEW FILE INFORMATION**

Other Party 1 Title

Other Party 1 Forename

Other Party 1 Surname

Other Party 1 Address

Other Party 1 Email

Other Party 1 Telephone

Other Party 1 DOB

Select a date



OP 2 Title

OP 2 Forename

OP 2 Surname

OP 2 Address

OP 2 Email

OP 2 Telephone

OP 2 DOB

Select a date







OP 3 Title

OP 3 Forename

BRIEF TO COUNSEL

Counsel 1


(None selected) 






(None selected)

No1Chambers - No 1 Chambers (1 Chambers Court Birmingham - Birmingham),

Counsel 1 Contact

None selected 



None selected

9 - Test Counsel (No 1 Chambers) ( - ),



 Submit

Cancel

EXPERT INFO PUB\_CH

Expert 1

(None selected) 



(None selected)

Expert1 - Expert 1 (1 Expert House Alderley Edge - Alderley E),

Expert 2

(None selected) 



(None selected)

Expert1 - Expert 1 (1 Expert House Alderley Edge - Alderley E),

 Submit

Cancel

**A52 - Application for revocation of**

**a placement**

# Application for revocation of a placement order

## Section 24 Adoption and Children Act 2002

Name of court { FORMTEXT }	
Case no./Serial no.	{ FORMTEXT }
Date received by the court	{ FORMTEXT }
Date issued	{ FORMTEXT }

### Notes to applicants

- Before filling in this form, please read the guidance notes on completing the form.
- Please complete every Part. If any Part does not apply to you, or you are not sure of the answer to any question, please say so. If there is not enough room for your reply, please continue on a separate sheet. Put the child's name, the number of the Part and the paragraph reference at the top of the continuation sheet.
- Please use black ink when filling in the form.

## Part 1 About you

{ SHAPE \\*  
MERGEFORMA  
T }

a) Title

{ FORMCHECKBOX } Mr	{ FORMCHECKBOX } Mrs	{ FORMCHECKBOX } Miss	{ FORMCHECKBOX } Ms	{ FORMCHECKBOX } Other: { FORMTEXT }
---------------------	----------------------	-----------------------	---------------------	--------------------------------------

b) My name is:

First name(s) in full:

{ FORMTEXT }
--------------

Last name:

{ FORMTEXT }
--------------

c) My address is

{ FORMTEXT } { MERGEFIELD fssm_CHILDALL }
---

d) My telephone number is

{ FORMTEXT }
--------------

{ SHAPE \\*  
MERGEFORMA  
T }

{ SHAPE \\*  
MERGEFORMA  
T }

e) My solicitor in these proceedings is:

Name of solicitor	{ FORMTEXT }		
Name of firm	{ FORMTEXT }		
Address (including postcode)	{ FORMTEXT }		
Telephone no.	{ FORMTEXT }	Fax no.	{ FORMTEXT }
DX no.	{ FORMTEXT }		
E-mail address	{ FORMTEXT }		

**{ FORMCHECKBOX }** the child named in the placement order

(please state your position in the local authority)

{ FORMCHECKBOX } the mother of the child named in the placement order

{ FORMCHECKBOX } a guardian of the child named in the placement order

---

{ FORMTEXT }

{ FORMCHECKBOX } Yes

## Part 2 About the child

{ FORMTEXT }

---

{ FORMTEXT }

b) The child is a

c) The child was born on

{	{	{	{	{	{	{	{
FO	FO	FO	FO	FO	FO	FO	FO
R	R	R	R	R	R	R	R
MT	MT	MT	MT	MT	MT	MT	MT
EX	EX	EX	EX	EX	EX	EX	EX
T}	T}	T}	T}	T}	T}	T}	T}



- d) The local authority authorised to place the child for adoption (give the name and address of the local authority and (if known) the name and telephone number of the adoption worker who deals with the child)

Name of local authority	{ FORMTEXT }
Address (including postcode)	{ FORMTEXT }
Name of your contact in the authority	{ FORMTEXT }
Telephone no.	{ FORMTEXT }

**About other orders or proceedings that affect the child**

e) { FORMCHECKBOX } To the best of my knowledge, no proceedings relating to the child (other than any maintenance order or care proceedings as given above) have been completed or commenced in any court

or

{ FORMCHECKBOX } The following proceedings relating to the child have been completed/commenced  
(in addition to placement order entered in Part 4 of this application)

Type of order made (or applied for)	Date of order (or date of next hearing)	Name of court	Case number (or serial number)
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

**Cases concerning a related child**

f) { FORMCHECKBOX } To the best of my knowledge, no proceedings relating to a full, half or step brother or sister of the child have been completed or commenced in any court

or

{ FORMCHECKBOX } The following proceedings relating to a full, half or step brother or sister of the child have been completed/commenced (please give details below and, if you were a party to any proceedings that have been completed, attach a copy of the final order)

Relationship to child (e.g. sister, half-brother)	Type of order made (or applied for)	Date of order (or date of next hearing)	Name of court	Case number (or serial number)
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

{ SHAPE \\* MERGEFORMAT }

# Part 3 About the child’s parents or guardian

{ SHAPE \\* MERGEFORMA  
T }

The name(s) and address(es) of the child’s parent(s) are:

## The child’s mother

## The child’s Father

a). The name of the child’s mother is:

c) The name of the child’s father is:

First name(s) in full

{ FORMTEXT }

First name(s) in full

{ FORMTEXT }

Last name

{ FORMTEXT }

Last name

{ FORMTEXT }

b) Her address is (if deceased, please write ‘Deceased’ in the address box)

{ FORMTEXT }

d) Her address is (if deceased, please write ‘Deceased’ in the address box)

{ FORMTEXT }

e) Does he have parental responsibility for the child?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

{ SHAPE \\* MERGEFORMA  
T }

If No, does he intend to apply for an order under section 4(1)(c) of the Children Act 1989 (a parental responsibility order) or a residence or contact order in respect of the child?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

## The child’s guardian

{ SHAPE \\* MERGEFORMA  
T }

f) The name of the child’s guardian is:

First name(s) in full

{ FORMTEXT }

Last name

{ FORMTEXT }

g) His/Her address is

{ FORMTEXT }

**Part 4 About this application**

a) I apply for revocation of the order made by (give name of court)

{ FORMTEXT }

on (date)

{ FORMTEXT }

authorising (give name of local authority)

{ FORMTEXT }

to place (give name of child)

{ FORMTEXT }

for adoption.

{ SHAPE \\*  
MERGEFORMA  
T }

**A copy of the placement order is attached**

b) The court’s permission to make this application

{ FORMCHECKBOX } is not required  
{ FORMCHECKBOX } has been given (give details below and attach a copy of the court order giving permission)

{ FORMTEXT }

{ SHAPE \\*  
MERGEFORMA  
T }

c) The reasons for this application are:

{ FORMTEXT }

{ SHAPE \\*  
MERGEFORMA  
T }

# Part 5 Statement of truth

Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth.

\*[I believe] [The applicant believes] that the facts stated in this application are true.

\*I am duly authorised by the applicant to sign this statement.

Print full name

{ FORMTEXT }

Signed

Date

{ FORMTEXT }

\*[Applicant] [Applicant's solicitor] [Litigation friend]

\*delete as appropriate

If you attend the court for a hearing

1. Do you have a disability for which you require special assistance or special facilities?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

{ SHAPE \\*  
MERGEFORMA  
T }

If Yes, please say what your needs are below  
(the court staff will get in touch with you about your requirements)

{ FORMTEXT }

2. Do you want to use the services of an interpreter?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please specify which language:  
(the court staff will get in touch with you about your requirements)

{ FORMTEXT }

### What to do now

Once you have completed and signed this form, you should take or send the form and **three copies** to the court, together with the court fee\* and the following documents:

- a copy of the placement order you are asking the court to revoke;
- if you were a party to the proceedings, a copy of any other final order relating to the child that has effect;
- if you were a party to the proceedings, a copy of any final order relating to a full, half or step brother or sister of the child that has effect;
- a copy of any order giving you permission to apply for the placement order to be revoked.

\* If you are not sure about the court fee payable for your application, or you think that you may be exempt from paying all or part of the fee, you should contact the court for information.

# **Blank client letter**

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER\_FEE\_EARNER\_ID }/{ MERGEFIELD  
client\_no }/{ MERGEFIELD matter\_no }

Your Ref:

{ Quote { DATE \@ "d MMMM yyyy" } }

{ IF {MERGEFIELD LINKNAME\_SURNAME\_1 } = "{ MERGEFIELD LINKNAME\_SURNAME\_2  
}" "{ MERGEFIELD LINKNAME\_TITLE\_1 } & { MERGEFIELD LINKNAME\_TITLE\_2 } {  
MERGEFIELD LINKNAME\_INITIALS\_1 } { MERGEFIELD LINKNAME\_SURNAME\_1}" "{ IF {  
MERGEFIELD LINKNAME\_SURNAME\_2 } = "" "{ MERGEFIELD LINKNAME\_TITLE\_1 } {  
MERGEFIELD LINKNAME\_INITIALS\_1 } { MERGEFIELD LINKNAME\_SURNAME\_1}" "{  
MERGEFIELD LINKNAME\_TITLE\_1 } { MERGEFIELD LINKNAME\_INITIALS\_1 } {  
MERGEFIELD LINKNAME\_SURNAME\_1 } & { MERGEFIELD LINKNAME\_TITLE\_2 } {  
MERGEFIELD LINKNAME\_INITIALS\_2 } { MERGEFIELD LINKNAME\_SURNAME\_2}" }" }  
{ MERGEFIELD CALCULATION\_ADDRESS }

Dear { IF {MERGEFIELD LINKNAME\_SURNAME\_1 } = "{ MERGEFIELD  
LINKNAME\_SURNAME\_2 }" "{ MERGEFIELD LINKNAME\_TITLE\_1 } and { MERGEFIELD  
LINKNAME\_TITLE\_2 } { MERGEFIELD LINKNAME\_SURNAME\_1}" "{ IF { MERGEFIELD  
LINKNAME\_SURNAME\_2 } = "" "{ MERGEFIELD LINKNAME\_TITLE\_1 } { MERGEFIELD  
LINKNAME\_SURNAME\_1}" "{ MERGEFIELD LINKNAME\_TITLE\_1 } { MERGEFIELD  
LINKNAME\_SURNAME\_1 } and { MERGEFIELD LINKNAME\_TITLE\_2 } { MERGEFIELD  
LINKNAME\_SURNAME\_2}" }" }

**Re: { MERGEFIELD MATTER MATTER\_DESCRIPTION }**

Yours sincerely

**{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }  
{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }**

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\footer.doc"}

# **Blank Counsel letter**



{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER\_FEE\_EARNER\_ID }/{ MERGEFIELD  
client\_no }/{ MERGEFIELD matter\_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ \\*  
MERGEFORMAT }

F.A.O. Clerk to { MERGEFIELD PUB\_CH\_ORG\_CNLS1CON1\_title } { MERGEFIELD  
PUB\_CH\_ORG\_CNLS1CON1\_initials } { MERGEFIELD  
PUB\_CH\_ORG\_CNLS1CON1\_surname }  
{ MERGEFIELD PUB\_CH\_ORG\_CNLS1\_address }

Dear Sirs

**{ MERGEFIELD PUB CH ORG LOCALAUTH1 name } v { MERGEFIELD  
LINKNAME FORENAME 1 } { MERGEFIELD LINKNAME SURNAME 1 }, { MERGEFIELD  
LINKNAME FORENAME 2 } { MERGEFIELD LINKNAME SURNAME 2 }, { MERGEFIELD  
PUB CH OP1 2 OP1 FORENAME } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C1FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C3FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C3SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C4FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C4SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C5FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C5SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C6FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C6SURNAM } Acting by their Guardian  
Case No. { MERGEFIELD PUB CH ORG COURT1CASENO }**

Please find enclosed Brief to Counsel in the above matter. We should be grateful if this could  
be passed to { MERGEFIELD PUB\_CH\_ORG\_CNLS1CON1\_title } { MERGEFIELD  
PUB\_CH\_ORG\_CNLS1CON1\_surname } as soon as possible.

Yours faithfully,

**{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }**

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\footer.doc"}

{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }

# **Blank Court letter**

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER\_FEE\_EARNER\_ID }/{ MERGEFIELD  
client\_no }/{ MERGEFIELD matter\_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ \\*  
MERGEFORMAT }

{ MERGEFIELD PUB\_CH\_ORG\_COURT1\_name }  
{ MERGEFIELD PUB\_CH\_ORG\_COURT1\_address }

Dear Sirs

**{ MERGEFIELD PUB CH ORG LOCALAUTH1 name } v { MERGEFIELD  
LINKNAME FORENAME 1 } { MERGEFIELD LINKNAME SURNAME 1 }, { MERGEFIELD  
LINKNAME FORENAME 2 } { MERGEFIELD LINKNAME SURNAME 2 }, { MERGEFIELD  
PUB CH OP1 2 OP1 FORENAME } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C1FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C3FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C3SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C4FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C4SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C5FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C5SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C6FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C6SURNAM } Acting by their Guardian  
Case No. { MERGEFIELD PUB CH ORG COURT1CASENO }**

Yours faithfully

{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }  
{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\footer.doc"}

# **Blank Expert 1 Letter**

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER\_FEE\_EARNER\_ID }/{ MERGEFIELD  
client\_no }/{ MERGEFIELD matter\_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ \\*  
MERGEFORMAT }

{ MERGEFIELD PUB\_CH\_ORG\_CH\_EXPERT1\_name }  
{ MERGEFIELD PUB\_CH\_ORG\_CH\_EXPERT1\_address }

Dear Sirs

{ MERGEFIELD PUB CH ORG LOCALAUTH1 name } v { MERGEFIELD  
LINKNAME FORENAME 1 } { MERGEFIELD LINKNAME SURNAME 1 }, { MERGEFIELD  
LINKNAME FORENAME 2 } { MERGEFIELD LINKNAME SURNAME 2 }, { MERGEFIELD  
PUB CH OP1 2 OP1 FORENAME } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C1FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C3FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C3SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C4FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C4SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C5FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C5SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C6FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C6SURNAM } Acting by their Guardian  
Case No. { MERGEFIELD PUB CH ORG COURT1CASENO }

Yours faithfully

{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }  
{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\footer.doc"}

**Blank Expert 2 Letter**

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER\_FEE\_EARNER\_ID }/{ MERGEFIELD  
client\_no }/{ MERGEFIELD matter\_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ \\*  
MERGEFORMAT }

{ MERGEFIELD PUB\_CH\_ORG\_CH\_EXPERT2\_name }  
{ MERGEFIELD PUB\_CH\_ORG\_CH\_EXPERT2\_address }

Dear Sirs

{ MERGEFIELD PUB CH ORG LOCALAUTH1 name } v { MERGEFIELD  
LINKNAME FORENAME 1 } { MERGEFIELD LINKNAME SURNAME 1 }, { MERGEFIELD  
LINKNAME FORENAME 2 } { MERGEFIELD LINKNAME SURNAME 2 }, { MERGEFIELD  
PUB CH OP1 2 OP1 FORENAME } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C1FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C3FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C3SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C4FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C4SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C5FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C5SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C6FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C6SURNAM } Acting by their Guardian  
Case No. { MERGEFIELD PUB CH ORG COURT1CASENO }

Yours faithfully

{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }  
{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\footer.doc"}



# **Blank letter template**

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER\_FEE\_EARNER\_ID }/{ MERGEFIELD  
client\_no }/{ MERGEFIELD matter\_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ \\*  
MERGEFORMAT }

Dear NAME/Sirs

{ MERGEFIELD PUB CH ORG LOCALAUTH1 name } v { MERGEFIELD  
LINKNAME FORENAME 1 } { MERGEFIELD LINKNAME SURNAME 1 }, { MERGEFIELD  
LINKNAME FORENAME 2 } { MERGEFIELD LINKNAME SURNAME 2 }, { MERGEFIELD  
PUB CH OP1 2 OP1 FORENAME } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C1FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C3FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C3SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C4FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C4SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C5FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C5SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C6FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C6SURNAM } Acting by their Guardian  
Case No. { MERGEFIELD PUB CH ORG COURT1CASENO }

Yours sincerely/faithfully

{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }  
{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\footer.doc"}

# Brief to Counsel

CASE NO: { MERGEFIELD PUB\_CH\_ORG\_COURT1CASENO }

IN THE { MERGEFIELD PUB\_CH\_ORG\_COURT1\_name }

**B E T W E E N:**

{ MERGEFIELD PUB\_CH\_ORG\_LOCALAUTH1\_name }

Applicant

-and-

Respondent

---

**BRIEF TO COUNSEL**

---

Counsel will find enclosed:

1. Bundle
2. Legal Aid Certificate

**Background:**

Should Counsel have any questions or wish to discuss anything would he/she please contact { MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION } of Instructing Solicitors.

Dated: { DATE \@ "dd MMMM yyyy" }

CASE NO: { MERGEFIELD PUB\_CH\_ORG\_COURT1CASENO }

IN THE { MERGEFIELD PUB\_CH\_ORG\_COURT1\_name }

B E T W E E N:

{ MERGEFIELD PUB\_CH\_ORG\_LOCALAUTH1\_name }

Applicant

-and-

Respondent

---

**BRIEF TO COUNSEL**

---

Counsel: { MERGEFIELD PUB\_CH\_ORG\_CNSL1\_name }  
{ MERGEFIELD PUB\_CH\_ORG\_CNSL1\_address }

Solicitor: { MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME }  
{ MERGEFIELD BRANCHINFO\_HOUSE }  
{ MERGEFIELD BRANCHINFO\_AREA }  
{ MERGEFIELD BRANCHINFO\_POSTAL\_TOWN }  
{ MERGEFIELD BRANCHINFO\_COUNTY }  
{ MERGEFIELD BRANCHINFO\_POSTCODE }

{ IF { MERGEFIELD BRANCHINFO\_DX\_NO } <> "" "DX: «BRANCHINFO\_DX\_NO»" ""  
}

Tel: { MERGEFIELD BRANCHINFO\_PHONE\_NO }

Fax: { MERGEFIELD BRANCHINFO\_FAX\_NO }

Ref: { MERGEFIELD "MATTER\_FEE\_EARNER\_ID" \\* Upper }/{ MERGEFIELD  
client\_no }/{ MERGEFIELD matter\_no }

# **C2 Application for Permission to**



**Start Proceedings**

## Application

- For permission to start proceedings
- For an order or directions in existing proceedings
- To be joined as, or cease to be, a party in existing family proceedings under the Children Act 1989

### To be completed by the court

The Family Court sitting at  
{ FORMTEXT }

Date issued  
{ FORMTEXT }

Case number  
{ FORMTEXT }

Help with Fees – Ref no. (if applicable)	H	W	F	–	{	{	{	{	{	{
					F	F	F	F	F	F
					O	O	O	O	O	O
					R	R	R	R	R	R
					M	M	M	M	M	M
T	T	T	T	T	T					
E	E	E	E	E	E					
X	X	X	X	X	X					
T	T	T	T	T	T					
}	}	}	}	}	}					

Before completing this form please read the leaflet **'CB1 – Making an application – Children and the Family Courts'**. You can get a copy of from your local court or at [www.justice.gov.uk](http://www.justice.gov.uk).

- Failure to complete every question or state if it does not apply, could delay the case, as the court will have to ask you to provide the additional information required.
- If there is not enough space please attach separate sheets.
- Cafcass/CAFCASS CYMRU will carry out checks as it considers necessary. See Section J of leaflet CB1 for more information about Cafcass and CAFCASS CYMRU.

If you are applying for one of the following private law Children Act 1989 orders you must file a separate completed FM1 form with this application:

- A parental responsibility order (sections 4(1)(c), 4ZA(1)(c) or 4A(1)(b) of the Children Act 1989) or an order terminating parental responsibility (sections 4(2A), 4ZA(5) or 4A(3) of that Act).
- An order appointing a child's guardian (section 5(1) of the Children Act 1989) or an order terminating the appointment (section 6(7) of that Act).
- An order giving permission to change a child's surname or remove a child from the United Kingdom (sections 13(1) or 14C of the Children Act 1989).
- A special guardianship order or an order varying or discharging such an order (section 14D of the Children Act 1989).

## 1. Summary of application

Your name (the applicant(s))

{ FORMTEXT }

The respondent's name(s)

See Sections G and H of the booklet CB1.

{ FORMTEXT }

**Some people need permission to apply - See Section C of the leaflet CB1**

Are you applying for permission to issue an application?

{ FORMCHECKBOX } Yes

```
{ FORMCHECKBOX } Permission not required
```

**FORMCHECKBOX** } Permission already granted

If you are making an application in existing proceedings, please give the existing case number(s).

{ FORMTEXT }

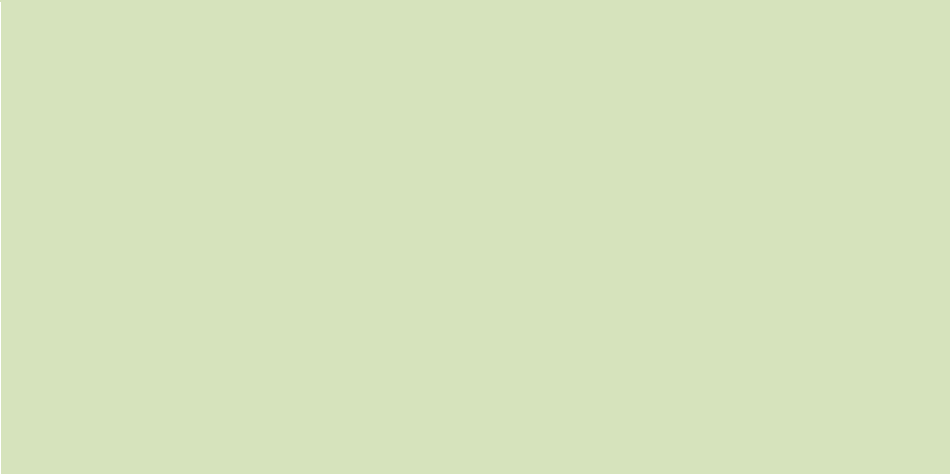
**Please list the name(s) of the child(ren) and the type(s) of order you are applying for, starting with the oldest. To understand which order to apply for read the booklet CB1 Section D.**

Child 1 - Full name of child		Date of birth								Gender	Order(s) applied for
{ FORMTEXT }		{	F	{	F	{	F	{	F	{ FORMCHECKBOX } Male	{ FORMTEXT }
		O	O	O	O	O	O	O	O		
		R	R	R	R	R	R	R	R		
		M	M	M	M	M	M	M	M		
		T	T	T	T	T	T	T	T		
		E	E	E	E	E	E	E	E		
		X	X	X	X	X	X	X	X		
T	T	T	T	T	T	T	T	{ FORMCHECKBOX } Female	{ FORMTEXT }		
}	}	}	}	}	}	}	}				
Relationship to applicant(s)								Relationship to respondent(s)			
{ FORMTEXT }								{ FORMTEXT }			

Child 2 - Full name of child	Date of birth								Gender	Order(s) applied for			
{ FORMTEXT }	{	F	F	{	F	F	{	F	F	F	F	{ FORMCHECKBOX } Male	{ FORMTEXT }
	O	O	O	O	O	O	O	O	O	O			
	R	R	R	R	R	R	R	R	R	R			
	M	M	/	M	M	/	M	M	M	M			
	T	T		T	T		T	T	T	T	{ FORMCHECKBOX } Female		
	E	E		E	E		E	E	E	E			
	X	X		X	X		X	X	X	X			
T	T		T	T		T	T	T	T				
}	}		}	}		}	}	}	}				
Relationship to applicant(s)								Relationship to respondent(s)					
{ FORMTEXT }								{ FORMTEXT }					

Child 3 - Full name of child	Date of birth								Gender	Order(s) applied for
{ FORMTEXT }	{	F	{	F	{	F	{	F	{ FORMCHECKBOX } Male	{ FORMTEXT }
	O	O	O	O	O	O	O	O	{ FORMCHECKBOX } Female	
	R	R	R	R	R	R	R	R		
	M	M	/	M	M	/	M	M		
	T	T		T	T		T	T		
	E		E		E		E			
	X		X		X		X			
	T		T		T		T			

	<table><tr><td>}</td><td>}</td></tr></table>	}	}	<table><tr><td>}</td><td>}</td></tr></table>	}	}	<table><tr><td>}</td><td>}</td><td>}</td><td>}</td></tr></table>	}	}	}	}		
}	}												
}	}												
}	}	}	}										
Relationship to applicant(s)			Relationship to respondent(s)										
{ FORMTEXT }			{ FORMTEXT }										



## 2. About you (the applicant(s))

	Applicant 1 (You)	Applicant 2 (if applicable)																																																																																																												
Full names	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Previous names (if any)	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Gender	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female																																																																																																												
Date of birth (If under 18 read section R of leaflet CB1)	<table><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }	<table><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																									
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																									
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																									
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																									
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ }	{ }	{ }	{ }	{ }	{ }																																																																																																									
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																									
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																									
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																									
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																									
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ }	{ }	{ }	{ }	{ }	{ }																																																																																																									
Place of birth (town/county/country)	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Address	<p>If you do not wish your address to be made known to the respondent, leave the details below blank and complete Confidential contact details Form C8. You can get a copy of this form from any family court office or from our website at <a href="http://hmctsformfinder.justice.gov.uk">hmctsformfinder.justice.gov.uk</a></p> <p>Please ensure that any documents submitted with this form or at a later date, do not include the confidential contact details you wish to withhold.</p> <table><tr><td>{ FORMTEXT }</td></tr></table>	{ FORMTEXT }	<table><tr><td>{ FORMTEXT }</td></tr></table>	{ FORMTEXT }																																																																																																										
{ FORMTEXT }																																																																																																														
{ FORMTEXT }																																																																																																														
Postcode	<table><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }	<table><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																									
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																									
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																									
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																									
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ }	{ }	{ }	{ }	{ }	{ }																																																																																																									
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																									
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																									
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																									
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																									
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ }	{ }	{ }	{ }	{ }	{ }																																																																																																									
Home telephone number	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Mobile telephone number	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Email address	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Have you lived at this address for more than 5 years?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No																																																																																																												

If No, please provide details of all previous addresses you have lived at for the last 5 years.

{ FORMTEXT }

{ FORMTEXT }

### 3. The respondents

Sections G and H of the booklet '**CB1 - Making an application - Children and the Family Courts**' explain who a respondent is.

If there are more than 2 respondents please continue on a separate sheet.

	Respondent 1	Respondent 2
Full names	{ FORMTEXT }	{ FORMTEXT }
Previous names (if known)	{ FORMTEXT }	{ FORMTEXT }
Gender	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female
Date of birth (If under 18 read section R of leaflet CB1)	<div> <div>{ } { }</div> <div>F F</div> <div>O O</div> <div>R R</div> <div>M M</div> <div>T T</div> <div>E E</div> <div>X X</div> <div>T T</div> <div>} }</div> </div> <div> <div>{ } { }</div> <div>F F</div> <div>O O</div> <div>R R</div> <div>M M</div> <div>T T</div> <div>E E</div> <div>X X</div> <div>T T</div> <div>} }</div> </div> <div> <div>{ } { } { }</div> <div>F F F</div> <div>O O O</div> <div>R R R</div> <div>M M M</div> <div>T T T</div> <div>E E E</div> <div>X X X</div> <div>T T T</div> <div>} }</div> </div>	<div> <div>{ } { }</div> <div>F F</div> <div>O O</div> <div>R R</div> <div>M M</div> <div>T T</div> <div>E E</div> <div>X X</div> <div>T T</div> <div>} }</div> </div> <div> <div>{ } { }</div> <div>F F</div> <div>O O</div> <div>R R</div> <div>M M</div> <div>T T</div> <div>E E</div> <div>X X</div> <div>T T</div> <div>} }</div> </div> <div> <div>{ } { } { }</div> <div>F F F</div> <div>O O O</div> <div>R R R</div> <div>M M M</div> <div>T T T</div> <div>E E E</div> <div>X X X</div> <div>T T T</div> <div>} }</div> </div>
Place of birth (town/county/country)	{ FORMTEXT }	{ FORMTEXT }
Address	<div>{ FORMTEXT }</div> <div>Postcode</div> <div> <div>{ } { } { }</div> <div>F F F</div> <div>O O O</div> <div>R R R</div> <div>M M M</div> <div>T T T</div> <div>E E E</div> <div>X X X</div> <div>T T T</div> <div>} }</div> <div> <div>{ } { } { }</div> <div>F F F</div> <div>O O O</div> <div>R R R</div> <div>M M M</div> <div>T T T</div> <div>E E E</div> <div>X X X</div> <div>T T T</div> <div>} }</div> </div> </div> <td> <div>{ FORMTEXT }</div> <div>Postcode</div> <div> <div>{ } { } { }</div> <div>F F F</div> <div>O O O</div> <div>R R R</div> <div>M M M</div> <div>T T T</div> <div>E E E</div> <div>X X X</div> <div>T T T</div> <div>} }</div> <div> <div>{ } { } { }</div> <div>F F F</div> <div>O O O</div> <div>R R R</div> <div>M M M</div> <div>T T T</div> <div>E E E</div> <div>X X X</div> <div>T T T</div> <div>} }</div> </div> </div> </td>	<div>{ FORMTEXT }</div> <div>Postcode</div> <div> <div>{ } { } { }</div> <div>F F F</div> <div>O O O</div> <div>R R R</div> <div>M M M</div> <div>T T T</div> <div>E E E</div> <div>X X X</div> <div>T T T</div> <div>} }</div> <div> <div>{ } { } { }</div> <div>F F F</div> <div>O O O</div> <div>R R R</div> <div>M M M</div> <div>T T T</div> <div>E E E</div> <div>X X X</div> <div>T T T</div> <div>} }</div> </div> </div>
Home telephone number	{ FORMTEXT }	{ FORMTEXT }
Mobile telephone number	{ FORMTEXT }	{ FORMTEXT }
Email address	{ FORMTEXT }	{ FORMTEXT }
Have they lived at this address for more than 5 years?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No { FORMCHECKBOX } Don't know If No, please provide details of all previous addresses they have lived at for the last 5 years.	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No { FORMCHECKBOX } Don't know If No, please provide details of all previous addresses they have lived at for the last 5 years.

{ FORMTEXT }

{ FORMTEXT }



## 4. Others who should be given notice

There may be other people who should be notified of your application, for example, someone who cares for the child but is not a parent. Sections G and I of the booklet **'CB1 - Making an application - Children and the Family Courts'** explain who others are.

	Person 1	Person 2																																																																																																																																																
Full names	{ FORMTEXT }	{ FORMTEXT }																																																																																																																																																
Previous names (if known)	{ FORMTEXT }	{ FORMTEXT }																																																																																																																																																
Gender	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female																																																																																																																																																
Date of birth	<table><tbody><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></tbody></table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }	{ }	{ }	<table><tbody><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></tbody></table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }	{ }	{ }
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																																																											
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																																																											
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																																																											
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																																																											
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																																																											
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																																																											
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																																																											
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																																																											
{ }	{ }	{ }	{ }	{ }	{ }	{ }	{ }																																																																																																																																											
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																																																											
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																																																											
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																																																											
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																																																											
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																																																											
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																																																											
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																																																											
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																																																											
{ }	{ }	{ }	{ }	{ }	{ }	{ }	{ }																																																																																																																																											
Address	{ FORMTEXT }	{ FORMTEXT }																																																																																																																																																
Postcode	<table><tbody><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></tbody></table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }	{ }	{ }	<table><tbody><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></tbody></table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }	{ }	{ }
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																																																											
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																																																											
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																																																											
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																																																											
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																																																											
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																																																											
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																																																											
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																																																											
{ }	{ }	{ }	{ }	{ }	{ }	{ }	{ }																																																																																																																																											
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																																																											
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																																																											
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																																																											
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																																																											
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																																																											
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																																																											
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																																																											
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																																																											
{ }	{ }	{ }	{ }	{ }	{ }	{ }	{ }																																																																																																																																											

Please state their relationship to the children listed on page 1. If their relationship is not the same to each child please state their relationship to each child

{ FORMTEXT }

{ FORMTEXT }

## 5. Solicitors details

Do you have a solicitor acting  
for you?

{ FORMCHECKBOX } Yes    { FORMCHECKBOX } No    If No, see section R  
of leaflet CB1 for more information

If Yes, please give the following details

Your solicitor's name

{ FORMTEXT }

Name of firm

{ FORMTEXT }

Address

{ FORMTEXT }

Postcode

{	{	{	{	{	{	{	{
F	F	F	F	F	F	F	{
O	O	O	O	O	O	O	F
R	R	R	R	R	R	R	O
M	M	M	M	M	M	M	R
T	T	T	T	T	T	T	M
E	E	E	E	E	E	E	T
X	X	X	X	X	X	X	E
T	T	T	T	T	T	T	T
}	}	}	}	}	}	}	}

Telephone number

{ FORMTEXT }

Fax number

{ FORMTEXT }

DX number

{ FORMTEXT }

Solicitor's Reference

{ FORMTEXT }

Fee account no.

{ FORMTEXT }

Email address

{ FORMTEXT }

## 6. Details of application

Please give brief details about what you  
are applying for and your reasons for  
making the application.

{ FORMTEXT }



## 7. Attending the court

Section N of the booklet 'CB1 - Making an application - Children and the Family Courts' provides information about attending court.

**If you require an interpreter, you must tell the court now so that one can be arranged.**

Do you or any of the parties need an interpreter at court?

{ FORMCHECKBOX } Yes    { FORMCHECKBOX } No

If Yes, please specify the language and dialect:

{ FORMTEXT }

If attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?

{ FORMCHECKBOX } Yes    { FORMCHECKBOX } No

If Yes, please say what the needs are

{ FORMTEXT }

Please say whether the court needs to make any special arrangements for you to attend court (e.g. providing you with a separate waiting room from the respondent or other security provisions).

{ FORMTEXT }

Court staff may get in touch with you about the requirements

## 8. Statement of truth

\*[I believe] [The applicant/respondent] that the facts stated in this application are true.

\*delete as appropriate

\*I am duly authorised by the applicant/respondent to sign this statement.

Print full name

{ FORMTEXT }

Name of applicant solicitors firm

{ FORMTEXT }

Signed

{ FORMTEXT }

(Applicant) (Applicant's solicitor)

Date

{	FO	{	FO	{	FO	{	FO	{	FO
FO	R	FO	R	FO	R	FO	R	FO	R
MT		MT		MT		MT		MT	
TE		TE		TE		TE		TE	
XT		XT		XT		XT		XT	
}		}		}		}		}	

Position or office held  
(If signing on behalf of firm or company)

{ FORMTEXT }

**Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth.**

continued over the page >

## What to do now

### If you are applying for permission to issue an application

{ FORMCHECKBOX } Check you have attached copies of the form C100 application and form C1A if appropriate

{ FORMCHECKBOX } Check any necessary documents are attached to the form C100 application

### For all applications

{ FORMCHECKBOX } Check you have completed and signed Section 8 of this form

{ FORMCHECKBOX } Check you have attached the correct fee.

**Now take or send your application with the correct fee and correct number of copies (one copy for the court, one copy for Cafcass/CAFCASS CYMRU and one for each party or other person) to the court.**

### Court fees

You may need to pay a fee with your application. You should read leaflet EX50 Civil and family court fees to find out what fee, if any, you need to pay. This leaflet is available from your local court or online at [hmctsformfinder.justice.gov.uk](http://hmctsformfinder.justice.gov.uk)

You may be exempt from paying all or part of the fee. The combined booklet and application form 'EX160A Court and Tribunal Fees - Do you have to pay them' gives more information. You can get a copy from the court or download a copy from our website at [hmctsformfinder.justice.gov.uk](http://hmctsformfinder.justice.gov.uk)

of the Controller of HMSO and the Queen's Printer of Scotland



## **C8 Confidential Contact Details**

---

# Confidential contact details

Form C8

*Family Procedure Rules 2010 Rule 29.1*

---

The Court  
{ FORMTEXT }

Case number  
{ FORMTEXT }

The full name(s) of the child(ren)  
{ FORMTEXT }  
{ FORMTEXT }  
{ FORMTEXT }  
{ FORMTEXT }

Child(ren)'s number(s)  
{ FORMTEXT }  
{ FORMTEXT }  
{ FORMTEXT }  
{ FORMTEXT }

Your full name  
{ FORMTEXT }

---

---

## **The omitted contact details**

*This form is to be used by any party in Family Proceedings who does not wish to reveal their contact details (private address, telephone number, email etc.) or the contact details of any child. These details will not be revealed to any person except by order of the Court. Please list the contact details to be omitted.*

{ FORMTEXT }

## **C9 Statement of Service**

## Statement of Service

# FORM C9

## Family Proceedings Rules 1991 Rule 4.8

**Family Proceedings Courts (Children Act 1989) Rules 1991 Rule 8**

The Court  
{ FORMTEXT }

Case Number  
{ FORMTEXT }

The full name(s) of the Child(ren)  
{ FORMTEXT }

Child(ren)'s Number(s)  
{ FORMTEXT }

You must

- Give details of service of the application on each of the other parties
- Give details of service on persons to whom notice has to be given
- File this form with the Court on or before the first Directions Appointment or Hearing of the Proceedings

You should

- If the person's solicitor was served, give his or her name and address
- If the children's guardian was served on behalf of the child, give his or her name and **contact** address

You must indicate  
**or**

- The manner, date, time and place of service
- Where the service was effected by post, the date, time and place of posting

<p>Name and address of person served</p> <p>{ FORMTEXT }</p>	<p>How, when and where served</p> <p>{ FORMTEXT }</p>	<p>Prescribed forms served</p> <p>{ FORMTEXT }</p>
--	---	--

I have served the [application] [Notice of Proceedings] as stated above:

I am the [applicant] [solicitor of the applicant] [other(state)]: { FORMTEXT }

Signed: { FORMTEXT }

Date: { FORMTEXT }

## **C66 Application for inherent**

**jurisdiction order**

In the High Court of Justice Family Division  
Principal Registry/District Registry.

To be completed by the court
Name of court { FORMTEXT }
Date issued { FORMTEXT }
Case number { FORMTEXT }

Help with Fees – Ref no. (if applicable)	H	W	F	–	{	{	{	–	{	{	{
					F	F	F		F	F	F
					O	O	O		O	O	O
					R	R	R		R	R	R
					M	M	M		M	M	M
					T	T	T		T	T	T
					E	E	E		E	E	E
					X	X	X		X	X	X
					T	T	T		T	T	T
					}	}	}		}	}	}

Before completing this application please read the booklet '**CB1 – Making an application – Children and the Family Courts**'. You can get a copy of all the forms and leaflets from your local court or they can be found at [Hmctsformfinder.justice.gov.uk](https://hmctsformfinder.justice.gov.uk)

**Cafcass/CAFCASS CYMRU will carry out checks as it considers necessary.**

Cafcass - Children and Family Court Advisory and Support Service (in England); CAFCASS CYMRU - Children and Family Court Advisory and Support Service Wales.

## Summary of application

Your name (the applicant(s))	{ FORMTEXT }
The respondent's name(s)	{ FORMTEXT }

[illegible]

{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }



		T}T}	T}T}	T}T}T}T}	
{ FORMTEXT }	{ FORMTEXT }	{ FO R R MTMT EXEX T}T}	{ FO R R MTMT EXEX T}T}	{ FOFOFOFO R R R R MTMTMTMT EXEXEXEX T}T}T}T}	{ FORMTEXT }

Give details of any fixed hearing date or period?

{ FORMTEXT }

# 1. About you (the applicant)

Your first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Previous surnames (if any)

{ FORMTEXT }

Date of birth

{ {  
FOFO  
R R  
MTMT  
EXEX  
T } T }  
/ { {  
FOFO  
R R  
MTMT  
EXEX  
T } T }  
/ { { { {  
FOFOFOFO  
R R R R  
MTMTMTMT  
EXEXEXEX  
T } T } T } T }

Gender { FORMCHECKBOX } Male  
{ FORMCHECKBOX } Female

Place of birth  
(town/county/country)

{ FORMTEXT }

**If you do not wish your address to be made known to the respondent,** leave the address details blank and complete Confidential Address Form C8. You can get a copy of this form from any family court office or from our website at [hmctsformfinder.justice.gov.uk](http://hmctsformfinder.justice.gov.uk)

Address

{ FORMTEXT }

Postcode

{ { { {  
F F F F  
O O O O  
R R R R  
M M M M  
T E T E T E  
X T X T X T  
} } } }

{ { { {  
F F F F  
O O O O  
R R R R  
M M M M  
T E T E T E  
X T X T X T  
} } } }

Home telephone number

{ FORMTEXT }

Mobile telephone number

{ FORMTEXT }

Have you lived at this address  
for more than 5 years?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If No, please provide details of all previous addresses you have lived at during the last 5 years.

{ FORMTEXT }

Your solicitor's details

Do you have a solicitor acting for you? { FORMCHECKBOX } Yes    { FORMCHECKBOX } No

If Yes, please give the following details

Your solicitor's name { FORMTEXT }

Name of firm { FORMTEXT }

Address { FORMTEXT }

Postcode

{	{	{	{	{	{	{	{
F	F	F	F	F	F	F	F
O	O	O	O	O	O	O	O
R	R	R	R	R	R	R	R
M	M	M	M	M	M	M	M
T	T	T	T	T	T	T	T
X	X	X	X	X	X	X	X
}	}	}	}	}	}	}	}

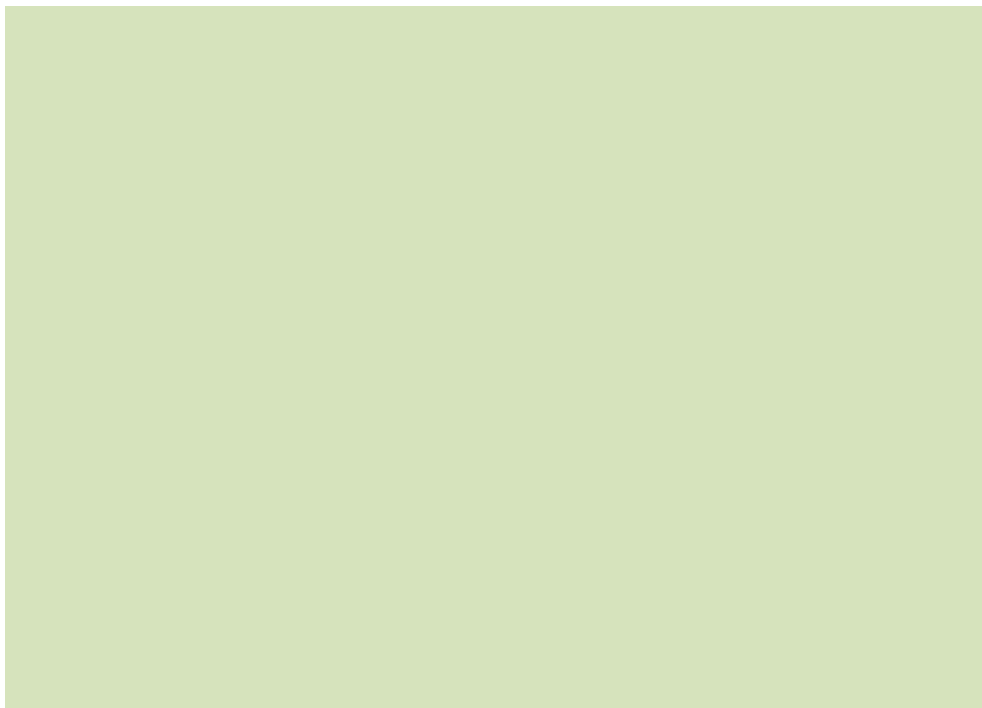
Telephone number { FORMTEXT }

Fax number { FORMTEXT }

DX number { FORMTEXT }

Solicitor's Reference { FORMTEXT }

Fee account no. { FORMTEXT }



## 2. The child(ren)

Please give details of the child(ren) and the order(s) you are applying for.  
If there are more than 4 children please continue on a separate sheet.

Child 1

Child's first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Gender

{ FORMCHECKBOX } Male

{ FORMCHECKBOX } Female

Child 2

Child's first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Gender

{ FORMCHECKBOX } Male

{ FORMCHECKBOX } Female

Child 3

Child's first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Gender

{ FORMCHECKBOX } Male

{ FORMCHECKBOX } Female

Child 4

Child's first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Gender

{ FORMCHECKBOX } Male

{ FORMCHECKBOX } Female

Relationship to the child(ren)

Name of child	Relationship
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

**If you do not wish the child's address to be made known to the respondent,** leave the address details blank and complete Confidential contact details form C8. You can get a copy of this form from any family court office or from our website at [hmctsformfinder.justice.gov.uk](http://hmctsformfinder.justice.gov.uk)

Child(ren)'s address  
(If known)

{ FORMTEXT }

Any other information about the child's whereabouts. If you do not know where the child is you must state this.

{ FORMTEXT }

Do you have any reason to believe that any child, parent or potentially significant adult in the child's life may be habitually resident in another state?

{ FORMCHECKBOX } Yes    { FORMCHECKBOX } No

If Yes, please give details

{ FORMTEXT }

### 3. About your application

What do you want the court to do?

Do not give a full statement, please provide a summary. You may be asked to provide a full statement later.

{ FORMTEXT }

### 4. Why are you making this application?

Please give brief details about why you are making this application including any facts you are relying on.

{ FORMTEXT }

Does your application include any issues under the Human Rights Act 1998?

{ FORMCHECKBOX } Yes   { FORMCHECKBOX } No   { FORMCHECKBOX } Don't know



## 5. Family mediation

Have you used family mediation to attempt to agree arrangements for your children?

{ FORMCHECKBOX }  
Yes {  
FORMCHECKBOX }  
No

You can find your nearest family mediation service by visiting the government's website DirectGov ([www.direct.gov.uk](http://www.direct.gov.uk)) and search using the words 'family mediation'. You will find a database of accredited family mediation services on the website

If you did not use mediation please explain why.

{ FORMTEXT }

## 6. Risk

Do you believe that the child(ren) named at Section 2 have suffered or are at risk of suffering any harm from any of the following:

- any form of domestic abuse
- violence within the household
- child abduction
- other conduct or behaviour

by any person who has had contact with the child?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please complete form C1A (Supplemental information form).

If Other, please give details

{ FORMTEXT }

## 7. Other court cases which concern the child(ren) listed at Section 2

Are you aware of any other court cases now, or at any time in the past, which concern any of the child(ren) at Section 2?

{ FORMCHECKBOX } Yes  
order and

If Yes, please **attach a copy of any relevant**

give additional details below

{ FORMCHECKBOX } No

If No, please **go to Section 8**

### Additional details

Name of child(ren)

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

Name of the court where proceedings heard

{ FORMTEXT }

Case no.

{ FORMTEXT }

Date/year (if known)

{ FORMTEXT }

Name of Cafcass/CAFCASS CYMRU officer

{ FORMTEXT }

**If the above details are different for each child please provide details on additional sheets.**

**Type of proceedings if known - please tick all that apply**

Emergency Protection Order

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

Supervision Order

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

Care Order

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

Child abduction

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

Family Law Act 1996 Part 4 (proceedings for non-molestation order or occupation order)

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

A contact or residence order (Section 8 Children Act 1989) made within proceedings for a divorce or dissolution of a civil partnership

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

A contact or residence order (Section 8 Children Act 1989) made in connection with an Adoption Order

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

An order relating to child maintenance (Schedule 1 Children Act 1989)

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

A child arrangements order (Section 8 Children Act 1989)

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

{ FORMCHECKBOX }

Please tick if additional  
sheets are attached.

--

## 8. The respondents

If there are more than 2 respondents please continue on a separate sheet.

### Respondent 1

Respondent's first name	{ FORMTEXT }
-------------------------	--------------

Middle name(s)	{ FORMTEXT }
----------------	--------------

Surname	{ FORMTEXT }
---------	--------------

Previous surnames (if known)	{ FORMTEXT }
------------------------------	--------------

Diagram illustrating the structure of a date of birth field. The field is composed of four groups of four characters each, separated by slashes. Each group contains a set of four checkboxes. The first group is labeled "Date of birth". The second group is labeled "Gender" and contains a "Male" checkbox and a "Female" checkbox.

Place of birth (town/county/country, if known)	{ FORMTEXT }
---	--------------

Address

{ FORMTEXT }

Postcode

{	{	{	{	{	{	{	{
F	F	F	F	F	F	F	F
O	O	O	O	O	O	O	O
R	R	R	R	R	R	R	R
M	M	M	M	M	M	M	M
T	T	T	T	T	T	T	T
X	X	X	X	X	X	X	X
}	}	}	}	}	}	}	}

Have they lived at this address for more than 5 years? { FORMCHECKBOX } Yes { FORMCHECKBOX } No { FORMCHECKBOX } Don't know

If No, please provide all previous addresses for the last 5 years below, if known.

{ FORMTEXT }

Relationship to the child(ren)	Name of child		Relationship	
	{ FORMTEXT }		{ FORMTEXT }	
	{ FORMTEXT }		{ FORMTEXT }	

{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

Respondent 2

Respondent's first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Previous surnames (if known)

{ FORMTEXT }

Date of birth

{

FO

R

MT

EX

T

{

FO

R

MT

EX

T

/

{

FO

R

MT

EX

T

{

FO

R

MT

EX

T

/

{

FO

R

MT

EX

T

{

FO

R

MT

EX

T

{

FO

R

MT

EX

T

{

FO

R

MT

EX

T

Gender

{ FORMCHECKBOX }

Male

{ FORMCHECKBOX }

Female

Place of birth  
(town/county/country, if known)

{ FORMTEXT }

Address

{ FORMTEXT }

Postcode

{

F

O

R

M

T

X

}

{

F

O

R

M

T

X

}

{

F

O

R

M

T

X

}

{

F

O

R

M

T

X

}

{

F

O

R

M

T

X

}

{

F

O

R

M

T

X

}

{

F

O

R

M

T

X

}

{

F

O

R

M

T

X

}

Have they lived at this address  
for more than 5 years?

{ FORMCHECKBOX }

Yes

{ FORMCHECKBOX }

No

{ FORMCHECKBOX }

Don't know

If No, please provide all previous addresses for the  
last 5 years below, if known.

{ FORMTEXT }

Relationship to the child(ren)

Name of child	Relationship
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

## 9. Statement of truth

(\*Delete as appropriate)

Print full name

Signed

Date

\*[I believe] [The applicant believes] that the facts stated in this application are true.

\*I am duly authorised by the applicant to sign this statement.

{ FORMTEXT }

\*(Applicant)(Legal Representative)(Applicant's solicitor)

{ FO {  
R FO  
M R  
TE MT  
XT EX  
} T }

{ FO {  
R FO  
M R  
TE MT  
XT EX  
} T }

{ FO {  
R FO  
M R  
TE MT  
XT EX  
} T }

Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth.

## 10. Attending the court

**If you require an interpreter, you must tell the court now so that one can be arranged.**

Do you or any of the parties need an interpreter at court?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please specify the language and dialect:

{ FORMTEXT }

If attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please say what the needs are

{ FORMTEXT }

Please say whether the court needs to make any special arrangements for you to attend court (e.g. providing you with a separate waiting room from the respondent or other security provisions).

{ FORMTEXT }

Court staff may get in touch with you about the requirements



continued over the page >

## 11. Documents to be attached

You **must** attach **one** of the following documents to this application for each child.

{ FORMCHECKBOX } a certified copy of a full birth certificate that gives details of the  
child's mother and father

or

{ FORMCHECKBOX } a certified copy of the entry in the Adopted Children's Register

or

{ FORMCHECKBOX } if neither is available, I request to the court to give directions at the  
first hearing as to proof of the child's birth

A full birth certificate shows surname, forenames, date of birth, sex, place of birth (where known), parent(s) name(s), their address and occupation at time of registration.

**In urgent cases**, the court may allow the application to be issued without the Birth Certificate, Certified entry in the Adopted Children's Register or directions as to the proof of the child's birth.

Please confirm when copies of the Certificate/entry to Adopted Children's Register/directions as to proof of the child's birth will be made available to the court

{	{		{	{		{	{	{	{
FO	FO		FO	FO		FO	FO	FO	FO
R	R		R	R		R	R	R	R
TE	TE	/	TE	TE	/	MT	TE	TE	TE
XT	XT		XT	XT		EX	XT	XT	XT
}	}		}	}		T	}	}	}

### To the respondent(s) (other than the child)

#### TAKE NOTICE that-

- (1) You must within 14 days of service of this application file in the court mentioned on the C6 Notice of proceedings a notice stating your address and the whereabouts of the child (or that you are unaware of the child's whereabouts if that is the case).
- (2) Unless the court directs otherwise you must serve a copy of that notice on the applicant.
- (3) If you subsequently change your address or become aware of any change in the child's whereabouts, you must, unless the court directs otherwise, file in the above-mentioned court notice of your new address or of the new whereabouts of the child, as the case may be, and serve a copy of that notice on the applicant.

Any notice required to be lodged in the above-mentioned court shall be sent to the court address or delivered to Family Division of the High Court, 1<sup>st</sup> Mezzanine, Queens Building, Royal Courts of Justice, Strand, London WC2A 2LL.

---

Crown Copyright material is reproduced with the permission  
of the Controller of HMSO and the Queen's Printer of Scotland

# **C100 - Application for CAO**

# IMPORTANT information about your case

## Please read **before completing your application**

**The law has changed, and you are now legally required to consider mediation before applying to the family court** to resolve a dispute about your children or finances. This means that before submitting your application, you must attend a Mediation Information and Assessment Meeting (MIAM) to find out about mediation and see if mediators can help you sort out arrangements for the future.

In special circumstances – such as where domestic violence is involved – you may not need to attend a MIAM. However, you will be asked to provide the judge with evidence (such as a police report to prove domestic violence has taken place) and should bring it to the first hearing.

### Who are mediators and what do they do?

Mediators are trained professionals who can help you and the other person involved work out an agreement without having to go to court about issues such as arrangements for children, financial arrangements and dividing up property.

### How can mediation help?

Mediation gives you more control over what happens, and is usually less stressful and cheaper than going to court. It can also be quicker and less upsetting for you and your children. In the MIAM, you will be told about other options to resolve your dispute and about services that can provide you with help and support.

### Where can I find a mediator or more information?

{ EMBED PBrush }

You can search for a mediator and find more information about mediation (and other sources of help) using this website: [www.familymediationcouncil.org.uk/](http://www.familymediationcouncil.org.uk/). You can also scan this QR code with your smart phone.

### Do I have to pay for the MIAM?

The MIAM is free of charge if you or the other person involved (the other party) qualifies for legal aid. To find out if you qualify visit: [www.gov.uk/check-legal-aid](http://www.gov.uk/check-legal-aid)

Please read the statements below and sign to confirm your understanding

1. I understand that if I have not attended a Mediation Information and Assessment Meeting (MIAM), the court CANNOT process my court application unless there are special circumstances.
2. I understand that if I cannot show evidence that I do not need to attend a MIAM, the judge may stop proceedings until I have considered mediation.

Signed

Date

{	{	{	{	{	{	{	{
F	F	F	F	F	F	F	F
O	O	O	O	O	O	O	O
R	R	R	R	R	R	R	R
M	M	M	M	M	M	M	M
T	T	T	T	T	T	T	T
E	E	E	E	E	E	E	E
X	X	X	X	X	X	X	X
T	T	T	T	T	T	T	T
}	}	}	}	}	}	}	}

We want to make sure that all applicants are aware of this new process and ask that you PLEASE RETURN THIS FORM WITH YOUR APPLICATION. Your application can be submitted without this form and will not be affected if you do not sign or return it.



**C100**

# Application under section 8 of the Children Act 1989 for a child arrangements, prohibited steps, specific issue order or to vary or discharge or ask permission to make a section 8 order

## To be completed by the court

The family court sitting at  
{ FORMTEXT }

Case number  
{ FORMTEXT }

Date issued  
{ FORMTEXT }

Help with Fees – Ref no. (if applicable)	H	W	F	–	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
					{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
					{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
					{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
					{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

Before completing this form please read the leaflet 'CB1 – Making an application – Children and the Family Courts' and the leaflet CB7 - Guide for separated parents: children and the family courts. **These and other forms and leaflets are available from your local court or online at [hmctsformfinder.justice.gov.uk](http://hmctsformfinder.justice.gov.uk)**

First name(s) of applicant(s)

{ FORMTEXT }

{ FORMTEXT }

Last name of applicant(s)

{ FORMTEXT }

{ FORMTEXT }

First name(s) of respondent(s)

{ FORMTEXT }

{ FORMTEXT }

Last name of respondent(s)

{ FORMTEXT }

{ FORMTEXT }

## Nature of application

What order(s) are you applying for?

{ FORMCHECKBOX } Child Arrangements Order

{ FORMCHECKBOX } Prohibited Steps Order

{ FORMCHECKBOX } Specific Issue Order

Please specify the nature of the order you seek.  
*For example, an order about with whom a child is to live, or how often they spend time with the applicant and for how long.*

{ FORMTEXT }

## Concerns about risk of harm

Are you alleging that the child(ren) named in Section 1 of this form have experienced, or are at risk of experiencing, harm from any of the following by any person who has had contact with the child?

any form of domestic violence { FORMCHECKBOX } Yes { FORMCHECKBOX } No

child abduction { FORMCHECKBOX } Yes { FORMCHECKBOX } No

child abuse { FORMCHECKBOX } Yes { FORMCHECKBOX } No

drugs, alcohol or substance abuse { FORMCHECKBOX } Yes { FORMCHECKBOX } No

other safety or welfare concerns { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If you answered Yes to any of the above, **you must complete form C1A** (Supplemental information form) **and file it with this C100 form.**

## Additional information required

Are you asking for permission to make this application, where that is required?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No  
If Yes, complete section 5a

Is an urgent hearing or without notice hearing required?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No  
If Yes, complete section 6a or 6b



FORMCHECKB  
OX } No

{  
FORMCHECKB  
OX } Yes {  
FORMCHECKB  
OX } No

Are there previous or ongoing proceedings for the child(ren)?

If Yes, complete section 7

{  
FORMCHECKB  
OX } Yes {  
FORMCHECKB  
OX } No

Are you applying for an order to formalise an agreement (consent order)?

If Yes, **attach the draft order to this form**

{  
FORMCHECKB  
OX } Yes {  
FORMCHECKB  
OX } No

Is this a case with an international element or factors affecting litigation capacity?

If Yes, complete section 8 or 9

{  
FORMCHECKB  
OX } Yes {  
FORMCHECKB  
OX } No

Will the child or any of the people involved need to use spoken or written Welsh during the course of the proceedings?

If Yes, complete section 10

# 1. The Child(ren)

Please also read the information notes and complete the checklist at the end of the form.

- Failure to complete every question or state if it does not apply, could delay the case, as the court will have to ask you to provide the additional information required.
- If there is not enough space please attach separate sheets clearly showing the details of the children, parties, question and page number they refer to.
- Cafcass/CAFCASS CYMRU will carry out checks as it considers necessary. See Section J of leaflet CB1 for more information about Cafcass and CAFCASS CYMRU.

## Summary of children's details

Please list the name(s) of the child(ren) and the type(s) of order you are applying for, starting with the oldest. To understand which order to apply for read the booklet CB1 Section D.

Child 1 - First name(s)	Last name	Date of birth	
{ FORMTEXT }	{ FORMTEXT }	<div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> </div> <div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> </div> <div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> </div> <div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> </div> <div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> </div> <div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> </div> <div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> </div> <div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> </div>	{ FORMCHECKBOX } Don't know
Gender	Orders applied for		
{ FORMCHECKBOX } Female { FORMCHECKBOX } Male	{ FORMTEXT }		
Applicant(s) relationship to the child		Respondent(s) relationship to the child	
{ FORMTEXT }		{ FORMTEXT }	

Child 2 - First name(s)	Last name	Date of birth	
{ FORMTEXT }	{ FORMTEXT }	<div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> </div> <div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> </div> <div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> </div> <div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> </div> <div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> </div> <div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> </div> <div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> </div> <div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> </div>	{ FORMCHECKBOX } Don't know
Gender	Orders applied for		
{ FORMCHECKBOX } Female { FORMCHECKBOX } Male	{ FORMTEXT }		
Applicant(s) relationship to the child		Respondent(s) relationship to the child	
{ FORMTEXT }		{ FORMTEXT }	

Child 3 - First name(s)	Last name	Date of birth	
{ FORMTEXT }	{ FORMTEXT }	<div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> <div>{ F }</div> </div> <div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> <div>{ O }</div> </div> <div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> <div>{ R }</div> </div> <div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> <div>{ M }</div> </div> <div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> <div>{ T }</div> </div> <div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> <div>{ X }</div> </div> <div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> <div>{ / }</div> </div> <div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> <div>{ }</div> </div>	{ FORMCHECKBOX } Don't know
Gender	Orders applied for		
{ FORMCHECKBOX } Female { FORMCHECKBOX } Male	{ FORMTEXT }		
Applicant(s) relationship to the child		Respondent(s) relationship to the child	
{ FORMTEXT }		{ FORMTEXT }	

Child 4 - First name(s)		Last name		Date of birth																
{ FORMTEXT }			{ FORMTEXT }	{	{	/	{	{	/	{	{	{	{	{ FORMCHECKBOX } Don't know						
				F	F		F	F		F	F	F	F							
				O	O		O	O		O	O	O	O							
				R	R		R	R		R	R	R	R							
				M	M		M	M		M	M	M	M							
T	T		T	T		T	T		T	T		T	T		T	T		T	T	
X	X		X	X		X	X		X	X		X	X		X	X		X	X	
}	}		}	}		}	}		}	}		}	}		}	}		}	}	
Gender		Orders applied for																		
{ FORMCHECKBOX } Female { FORMCHECKBOX } Male		{ FORMTEXT }																		
Applicant(s) relationship to the child										Respondent(s) relationship to the child										
{ FORMTEXT }										{ FORMTEXT }										

1a. Are any of the children known to the local authority children's services?

If Yes please state which child and the name of the Local Authority and Social worker (if known)

1b. Are any of the children the subject of a child protection plan?

1c. Do all the children have the same parents?

If Yes, what are the names of the parents?

If No, please give details of each parent and their children involved in this application

Please state everyone who has parental responsibility for each child and how they have parental responsibility (e.g. 'child's mother', 'child's father and was married to the mother when the child was born' etc.)  
(See Section E of leaflet CB1 for more information)

1d. Who do the children currently live with?

If other, please give the full address of the child, the names of any adults living with the children and their relationship to or involvement with the child.

If you do not wish this information to be made known to the Respondent, leave the details blank and complete Confidential contact details Form C8.

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No  
{ FORMCHECKBOX } Don't know

{ FORMTEXT }

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No  
{ FORMCHECKBOX } Don't know

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMCHECKBOX } Applicant(s) { FORMCHECKBOX } Respondent(s)  
{ FORMCHECKBOX } Other

{ FORMTEXT }

## 2. Requirement to attend a Mediation, Information and Assessment Meeting (MIAM)

Before making an application for a child arrangements order, prohibited steps order or specific issue order (a section 8 order) you must first attend a Mediation, Information and Assessment Meeting (MIAM). At the MIAM an authorised family mediator will consider with you (and the other party if present) whether family mediation, or another form of non-court dispute resolution, would be a more appropriate alternative to court. The mediator will also be able to sign post you to other help and support services.

You **must** have attended a MIAM before making this application **unless** the requirement to attend a MIAM does not apply because the section 8 order you are applying for:

- is for a consent order; or
- concerns a child who is the subject of separate ongoing emergency proceedings, care proceedings or supervision proceedings (or is already the subject of an emergency, care or supervision order); or
- you are exempt from the requirement to attend a MIAM. (Some exemptions you can claim yourself, others must be certified by an authorised family mediator).

All applicants must complete sections 1, 2 and 5 to 14 before signing this form.

**In addition, you must** tick one of the boxes below and ensure that you, your legal adviser or a family mediator completes (and where indicated signs) the relevant section(s) of this form as shown.

2a. If you ticked 'Yes' to the question on page 1 about current or previous court cases, are/were any of those cases about an emergency protection, care or supervision order?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	If Yes, complete section 5 to provide additional details. Do not complete sections 3 and 4  If No, please answer question 2b.
2b. Are you claiming exemption from the requirement to attend a MIAM?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	If Yes, complete section 3. If No, please answer question 2c.
2c. Has a family mediator informed you that a mediator's exemption applies, and you do not need to attend a MIAM?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	If Yes, you must ensure that the family mediator completes and signs section 4a.  If No, please answer question 2d.
2d. Have you attended a MIAM?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	If Yes, you must ensure that the family mediator completes and signs section 4b.  If No, you cannot make this application.

### 3. Applicant claims exemption(s) from attendance at a Mediation, Information and Assessment Meeting (MIAM)

The applicant has not attended a MIAM because the following MIAM exemption(s) applies:

**(To be completed by the person intending to make a court application or their solicitor)**

- { FORMCHECKBOX } Domestic violence (you must complete section 3a)
- { FORMCHECKBOX } Child protection concerns (you must complete section 3b)
- { FORMCHECKBOX } Urgency (you must complete section 3c)
- { FORMCHECKBOX } Previous MIAM attendance or previous MIAM exemption (you must complete section 3d)
- { FORMCHECKBOX } Other (you must complete section 3e)

**Now complete the relevant section 3a, b, c, d or e by ticking the appropriate box(s)**

Further details of MIAM exemption(s) claimed by the applicant

If you have claimed a MIAM exemption above you must also tick the relevant box(s), as shown below to confirm that you have the necessary evidence to support your ground(s) for exemption and should bring it to the first hearing. Where you are asked to provide additional details you must do so.

#### **Section 3a - Domestic violence evidence**

**The applicant confirms that there is evidence of domestic violence, as specified below:**

- { FORMCHECKBOX } evidence that a prospective party has been arrested for a relevant domestic violence offence;
- { FORMCHECKBOX } evidence of a relevant police caution for a domestic violence offence;
- { FORMCHECKBOX } evidence of relevant criminal proceedings for a domestic violence offence which have not concluded;
- { FORMCHECKBOX } evidence of a relevant conviction for a domestic violence offence;
- { FORMCHECKBOX } a court order binding a prospective party over in connection with a domestic violence offence;
- { FORMCHECKBOX } a domestic violence protection notice issued under section 24 of the Crime and Security Act 2010 against a prospective party;
- { FORMCHECKBOX } a relevant protective injunction;
- { FORMCHECKBOX } an undertaking given in England and Wales under section 46 or 63E of the Family Law Act 1996 (or given in Scotland or Northern Ireland in place of a protective injunction) by a prospective party, provided that a cross-undertaking relating to domestic violence was not given by another prospective party;
- { FORMCHECKBOX } a copy of a finding of fact, made in proceedings in the United Kingdom, that there has been domestic violence by a prospective party;
- { FORMCHECKBOX } an expert report produced as evidence in proceedings in the United Kingdom for the benefit of a court or tribunal confirming that a person with

whom a prospective party is or was in a family relationship, was assessed as being, or at risk of being, a victim of domestic violence by that prospective party;

{ FORMCHECKBOX } a letter or report from an appropriate health professional confirming that-

- (i) that professional, or another appropriate health professional, has examined a prospective party in person; and

- (ii) in the reasonable professional judgment of the author or the examining appropriate health professional, that prospective party has, or has had, injuries or a condition consistent with being a victim of domestic violence;

{ FORMCHECKBOX } a letter or report from-

(i) the appropriate health professional who made the referral described below;

(ii) an appropriate health professional who has access to the medical records of the prospective party referred to below; or

(iii) the person to whom the referral described below was made;

confirming that there was a referral by an appropriate health professional of a prospective party to a person who provides specialist support or assistance for victims of, or those at risk of, domestic violence;

{ FORMCHECKBOX } a letter from any person who is a member of a multi-agency risk

assessment conference (or other suitable local safeguarding forum) confirming that a prospective party, or a person with whom that prospective party is in a family relationship, is or has been at risk of harm from domestic violence by another prospective party;

{ FORMCHECKBOX } a letter from an independent domestic violence advisor confirming that they

are providing support to a prospective party;

{ FORMCHECKBOX } a letter from an independent sexual violence advisor confirming that they

are providing support to a prospective party relating to sexual violence by another prospective party;

{ FORMCHECKBOX } a letter from an officer employed by a local authority or housing association

(or their equivalent in Scotland or Northern Ireland) for the purpose of supporting tenants containing-

(i) a statement to the effect that, in their reasonable professional judgment, a person with whom a prospective party is or has been in a family relationship is, or is at risk of being, a victim of domestic violence by that prospective party;

(ii) a description of the specific matters relied upon to support that judgment; and

(iii) a description of the support they provided to the victim of domestic violence or the person at risk of domestic violence by that prospective party;

{ FORMCHECKBOX } a letter which-

(i) is from an organisation providing domestic violence support services, or a registered charity, which letter confirms that it-

(a) is situated in England and Wales,

(b) has been operating for an uninterrupted period of six months or more; and

(c) provided a prospective party with support in relation to that person's needs as a victim, or a person at risk, of domestic violence; and

(ii) contains-

(a) a statement to the effect that, in the reasonable professional judgment of the author of the letter, the prospective party is, or is at risk of being, a victim of domestic violence;

(b) a description of the specific matters relied upon to support that judgment;



(c) a description of the support provided to the prospective party; and

Section 3a - Domestic violence evidence - **continued**

(d) a statement of the reasons why the prospective party needed that support;

{ FORMCHECKBOX } a letter or report from an organisation providing domestic violence support services in the United Kingdom confirming-

- (i) that a person with whom a prospective party is or was in a family relationship was refused admission to a refuge;
- (ii) the date on which they were refused admission to the refuge; and
- (iii) they sought admission to the refuge because of allegations of domestic violence by the prospective party referred to in paragraph (i);

{ FORMCHECKBOX } a letter from a public authority confirming that a person with whom a prospective party is or was in a family relationship, was assessed as being, or at risk of being, a victim of domestic violence by that prospective party (or a copy of that assessment);

{ FORMCHECKBOX } a letter from the Secretary of State for the Home Department confirming that a prospective party has been granted leave to remain in the United Kingdom under paragraph 289B of the Rules made by the Home Secretary under section 3(2) of the Immigration Act 1971, which can be found at <https://www.gov.uk/guidance/immigration-rules/immigration-rules-index>;

{ FORMCHECKBOX } evidence which demonstrates that a prospective party has been, or is at risk of being, the victim of domestic violence by another prospective party in the form of abuse which relates to financial matters.

Section 3b – Child protection concerns

**The applicant confirms that a child would be the subject of the application and that child or another child of the family who is living with that child is currently—**

{ FORMCHECKBOX } the subject of enquiries by a local authority under section 47 of the Children Act 1989 Act; or

{ FORMCHECKBOX } the subject of a child protection plan put in place by a local authority.

Section 3c – Urgency

**The applicant confirms that the application must be made urgently because:**

{ FORMCHECKBOX } there is risk to the life, liberty or physical safety of the prospective applicant or his or her family or his or her home; or

{ FORMCHECKBOX } any delay caused by attending a MIAM would cause—

{ FORMCHECKBOX } a risk of harm to a child; or

{ FORMCHECKBOX } a risk of unlawful removal of a child from the United Kingdom, or a risk of unlawful retention of a child who is currently outside England and Wales; or

{ FORMCHECKBOX } a significant risk of a miscarriage of justice; or

{ FORMCHECKBOX } unreasonable hardship to the prospective applicant; or

{ FORMCHECKBOX } irretrievable problems in dealing with the dispute (including the irretrievable loss of significant evidence); or

{ FORMCHECKBOX } there is a significant risk that in the period necessary to schedule and attend a MIAM, proceedings relating to the dispute will be brought in another state in which a valid claim to jurisdiction may exist, such that a court in that other State would be seized of the dispute before a court in England and Wales.

Section 3d – Previous MIAM attendance or MIAM exemption

**The applicant confirms that one of the following applies:**

- { FORMCHECKBOX } in the 4 months prior to making the application, the person attended a MIAM or participated in another form of non-court dispute resolution relating to the same or substantially the same dispute; or
- { FORMCHECKBOX } at the time of making the application, the person is participating in another form of non-court dispute resolution relating to the same or substantially the same dispute; or
- { FORMCHECKBOX } in the 4 months prior to making the application, the person filed a relevant family application confirming that a MIAM exemption applied and that application related to the same or substantially the same dispute; or
- { FORMCHECKBOX } the application would be made in existing proceedings which are continuing and the prospective applicant attended a MIAM before initiating those proceedings; or
- { FORMCHECKBOX } the application would be made in existing proceedings which are continuing and a MIAM exemption applied to the application for those proceedings.

Section 3e – Other exemptions

**The applicant confirms that one of the following other grounds for exemption applies:**

- { FORMCHECKBOX } the prospective applicant does not have sufficient contact details for any of the prospective respondents to enable a family mediator to contact any of the prospective respondents for the purpose of scheduling the MIAM.
- { FORMCHECKBOX } the application would be made without notice (Paragraph 5.1 of Practice Direction 18A sets out the circumstances in which applications may be made without notice.)
- { FORMCHECKBOX } (i) the prospective applicant is or all of the prospective respondents are subject to a disability or other inability that would prevent attendance at a MIAM unless appropriate facilities can be offered by an authorised mediator; (ii) the prospective applicant has contacted as many authorised family mediators as have an office within fifteen miles of his or her home (or three of them if there are three or more), and all have stated that they are unable to provide such facilities; and (iii) the names, postal addresses and telephone numbers or e-mail addresses for such authorised family mediators, and the dates of contact, can be provided to the court if requested.
- { FORMCHECKBOX } the prospective applicant or all of the prospective respondents cannot attend a MIAM because he or she is, or they are, as the case may be (i) in prison or any other institution in which he or she is or they are required to be detained; (ii) subject to conditions of bail that prevent contact with the other person; or (iii) subject to a licence with a prohibited contact requirement in relation to the other person.
- { FORMCHECKBOX } the prospective applicant or all of the prospective respondents are not habitually resident in England and Wales.
- { FORMCHECKBOX } a child is one of the prospective parties by virtue of Rule 12.3(1).
- { FORMCHECKBOX } (i) the prospective applicant has contacted as many authorised family mediators as have an office within fifteen miles of his or her home (or three of them if there are three or more), and all of them have stated that they

are not available to conduct a MIAM within fifteen business days of the date of contact; and (ii) the names, postal addresses and telephone numbers or e-mail addresses for such authorised family mediators, and the dates of contact, can be provided to the court if requested.

{ FORMCHECKBOX } there is no authorised family mediator with an office within fifteen miles of  
the prospective applicant's home.

**Now complete Section 5.**

#### 4. Mediator certifies that the prospective applicant is exempt from attendance at Mediation Information and Assessment Meeting (MIAM) or confirms MIAM attendance

**(To be completed and signed by the authorised family mediator)  
(tick the boxes that apply)**

**4a**

**The following MIAM exemption(s) applies:**

{ FORMCHECKBOX } An authorised family mediator confirms that he or she is satisfied that -

{ FORMCHECKBOX } (a) mediation is not suitable as a means of resolving the dispute because  
none of the respondents is willing to attend a MIAM; or

{ FORMCHECKBOX } (b) mediation is not suitable as a means of resolving the dispute because  
all of the respondents failed without good reason to attend a MIAM appointment; or

{ FORMCHECKBOX } (c) mediation is otherwise not suitable as a means of resolving the dispute.

**4b**

**The prospective applicant attended a MIAM:**

{ FORMCHECKBOX } The prospective applicant only attended a MIAM.

{ FORMCHECKBOX } The prospective applicant and respondent party(s) attended the MIAM together.

{ FORMCHECKBOX } The prospective applicant and respondent(s) have each attended a  
separate MIAM.

{ FORMCHECKBOX } The prospective respondent party(s) has/have made or is/are making  
arrangements to attend a separate MIAM.

**Mediation or other form of Dispute Resolution is not proceeding because:**

{ FORMCHECKBOX } The applicant has attended a MIAM alone and  
• the applicant does not wish to start or continue mediation; or  
• the mediator has determined that mediation is unsuitable; or  
• the respondent did not wish to attend a MIAM

{ FORMCHECKBOX } Both the applicant and respondent have attended a MIAM (separately or together) and  
• the applicant does not wish to start or continue mediation; or  
• the respondent does not wish to start or continue mediation; or  
• the mediator has determined that mediation is unsuitable

{ FORMCHECKBOX } Mediation has started, but has:  
• broken down; or  
• concluded with some or all issues unresolved

Signed

**Authorised Family Mediator**

(a family mediator who is authorised to undertake MIAMs)

FMC  
Registration no.  
Family  
Mediation  
Service name  
Sole trader  
name

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

Address { FORMTEXT }

Dated { { FORMTEXT } / { FORMTEXT } / { FORMTEXT } }

## 5. Why are you making this application?

Have you applied to the court for permission to make this application?

{ FORMCHECKBOX } Yes    { FORMCHECKBOX } No - permission not required    { FORMCHECKBOX } No - permission now sought

5a. Reasons for permission if permission is required.

{ FORMTEXT }

5b. Please give brief details:

- any previous agreements (formal or informal) or parenting plans, and how they have broken down
- your reasons for bringing this application to the court
- what you want the court to do
- reasons given by the respondent(s) for their actions in relation to this application.

**Do not give a full statement, please provide a summary of any relevant reasons.**  
You may be asked to provide a full statement later.

{ FORMTEXT }

5c. Have you previously prepared a Parenting Plan?

{ FORMCHECKBOX }  
Yes        {  
FORMCHECKBOX }  
No

If No, you can download a copy from the website  
[www.cafcass.gov.uk/parentingplan](http://www.cafcass.gov.uk/parentingplan)

If Yes, please attach the plan to this application form



## 6. Urgent and without notice hearings

Complete this section if you have ticked the relevant box on the front of the form

### 6a. Urgent hearing

Set out the order(s)/directions sought

{ FORMTEXT }

Set out the reasons for urgency

{ FORMTEXT }

### Proposed timetable

The application should be considered within

{  
FORMT  
EXT }

hours/days

If consideration is sought within 48 hours, you must complete the section below

What efforts have you made to put each respondent on notice of the application?

{ FORMTEXT }

6b. Without notice hearing  
Set out the reasons for the application to be considered without notice. (This information is a requirement, a without notice hearing will not be directed without reason)

Do you require a without notice hearing because it is not possible to give notice including abridged or informal notice?

Do you require a without notice hearing because notice to a respondent will frustrate the order that is being applied for?

**Complete this section if you have ticked the relevant box on the front of the form**

{ FORMTEXT }

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

If Yes, please set out reasons below

{ FORMTEXT }

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

If Yes, please set out reasons below

{ FORMTEXT }

## 7. Other court cases which concern the child(ren) listed in Section 1

### Additional details

**Complete this section if you have ticked the relevant box on the front of the form**

Use this section to provide details of any other court cases now, or at any time in the past, which concern any of the child(ren) listed in section 1.

Name of child(ren)

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

Name of the court where proceedings heard

{ FORMTEXT }

Case no.

{ FORMTEXT }

Date/year (if known)

{ FORMTEXT }

Name and office (if known) of Cafcass/CAFCASS CYMRU officer

{ FORMTEXT }

### Type of proceedings if known - please tick all that apply

Emergency Protection Order

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No

Supervision Order

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No

Care Order

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No

Child abduction

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No

Family Law Act 1996 Part 4 (proceedings for non-molestation order or occupation order)

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No

A contact or residence order (Section 8 Children Act 1989) made within proceedings for a divorce or dissolution of a civil partnership

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No

A contact or residence order (Section 8 Children Act 1989) made in connection with an Adoption Order

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No

An order relating to child maintenance (Schedule 1 Children Act 1989)

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No

A child arrangements order (Section 8 Children Act 1989)

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No

Please tick if additional sheets are attached.

{ FORMCHECKBOX }

**Please attach a copy of any relevant order.**

## 8. Cases with an international element

Do you have any reason to believe that any child, parent or potentially significant adult in the child's life may be habitually resident in another state?

**Complete this section if you have ticked the relevant box on the front of the form**

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

If Yes, please give details

{ FORMTEXT }

Do you have any reason to believe that there may be an issue as to jurisdiction in this case (for example under Brussels 2 revised)?

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

If Yes, please give details

{ FORMTEXT }

Has a request been made or should a request be made to a Central Authority or other competent authority in a foreign state or a consular authority in England and Wales?

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

If Yes, please give details

{ FORMTEXT }

## 9. Factors affecting ability to participate in proceedings

Please give details of any factors affecting litigation capacity

{ FORMTEXT }

Provide details of any referral to or assessment by the Adult Learning Disability team, and/or any adult health service, where known, together with the outcome

{ FORMTEXT }

Are you aware of any other factors which may affect the ability of the person concerned to take part in the proceedings?

{ FORMTEXT }

## 10. Attending the court

Section N of the booklet '**CB1 - Making an application - Children and the Family Courts**' and the leaflet 'CB7 - Guide for separated parents: children and the family courts' provide information about attending court.

If you require an interpreter, you must tell the court now so that one can be arranged.  
Please note that in any court proceedings in Wales you have the right to speak Welsh at any court hearing.

10a. Do you or any other party need to use spoken or written Welsh in the course of the proceedings?

If Yes, please give the names of the parties/witnesses/children involved who need to use written or spoken Welsh?

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMCHECKBOX } Spoken {  
FORMCHECKBOX } Written {  
FORMCHECKBOX } Both

{ FORMCHECKBOX } Spoken {  
FORMCHECKBOX } Written {  
FORMCHECKBOX } Both

{ FORMCHECKBOX } Spoken {  
FORMCHECKBOX } Written {  
FORMCHECKBOX } Both

{ FORMCHECKBOX } Spoken {  
FORMCHECKBOX } Written {  
FORMCHECKBOX } Both

{ FORMCHECKBOX } Spoken {  
FORMCHECKBOX } Written {  
FORMCHECKBOX } Both

{ FORMCHECKBOX } Spoken {  
FORMCHECKBOX } Written {  
FORMCHECKBOX } Both

{ FORMCHECKBOX } Spoken {  
FORMCHECKBOX } Written {  
FORMCHECKBOX } Both

10b. Do you or any of the parties need an interpreter or other assistance (e.g. sign language signer) at court?

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

If Yes, who requires the interpreter

{ FORMCHECKBOX } applicant { FORMCHECKBOX } respondent

{ FORMCHECKBOX } Other party (*please specify*)

{ FORMTEXT }

If Yes, please specify the language and dialect:

{ FORMTEXT }

10c. Are you aware of whether an intermediary will be required?

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

If Yes, please give details

{ FORMTEXT }

10d. If attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

If Yes, please say what the needs are

{ FORMTEXT }

Please say whether the court needs to make any special arrangements for you to attend court (e.g. providing you with a separate waiting room from the respondent or other security provisions).

{ FORMTEXT }

Court staff may get in touch with you about the requirements

## 11. About you (the applicant(s))

	Applicant 1 (You)	Applicant 2 (if applicable)																																																																																																												
First name(s)	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Last name(s)	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Previous names (if known)	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Gender	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female																																																																																																												
Date of birth (If under 18 read section R of leaflet CB1)	<table><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }	<table><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																									
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																									
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																									
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																									
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ }	{ }	{ }	{ }	{ }	{ }																																																																																																									
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																									
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																									
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																									
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																									
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ }	{ }	{ }	{ }	{ }	{ }																																																																																																									
Place of birth (town/county/country)	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
	<b>If you do not wish your address to be made known to the respondent</b> , leave the details below blank and complete Confidential contact details Form C8. Please ensure that any documents submitted with this form or at a later date, do not disclose the confidential contact details you wish to withhold.																																																																																																													
Address	<div>{ FORMTEXT }</div> <div>Postcode<table><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></table></div>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }	<div>{ FORMTEXT }</div> <div>Postcode<table><tr><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr><tr><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td><td>{ O }</td></tr><tr><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td><td>{ R }</td></tr><tr><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td><td>{ M }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td><td>{ E }</td></tr><tr><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td><td>{ X }</td></tr><tr><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td><td>{ T }</td></tr><tr><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td><td>{ }</td></tr></table></div>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ O }	{ O }	{ O }	{ O }	{ O }	{ O }	{ R }	{ R }	{ R }	{ R }	{ R }	{ R }	{ M }	{ M }	{ M }	{ M }	{ M }	{ M }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ E }	{ E }	{ E }	{ E }	{ E }	{ E }	{ X }	{ X }	{ X }	{ X }	{ X }	{ X }	{ T }	{ T }	{ T }	{ T }	{ T }	{ T }	{ }	{ }	{ }	{ }	{ }	{ }
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																									
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																									
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																									
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																									
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ }	{ }	{ }	{ }	{ }	{ }																																																																																																									
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																																																									
{ O }	{ O }	{ O }	{ O }	{ O }	{ O }																																																																																																									
{ R }	{ R }	{ R }	{ R }	{ R }	{ R }																																																																																																									
{ M }	{ M }	{ M }	{ M }	{ M }	{ M }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ E }	{ E }	{ E }	{ E }	{ E }	{ E }																																																																																																									
{ X }	{ X }	{ X }	{ X }	{ X }	{ X }																																																																																																									
{ T }	{ T }	{ T }	{ T }	{ T }	{ T }																																																																																																									
{ }	{ }	{ }	{ }	{ }	{ }																																																																																																									
Home telephone number	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Mobile telephone number	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Email address	{ FORMTEXT }	{ FORMTEXT }																																																																																																												
Have they lived at this address for more than 5 years?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No																																																																																																												
	If No, please provide details of all previous addresses you have lived at for the last 5 years.																																																																																																													



{ FORMTEXT }

{ FORMTEXT }

## 10. The respondent(s)

Sections G and H of the booklet 'CB1 - Making an application - Children and the Family Courts' explain who a respondent is.

If there are more than 2 respondents please continue on a separate sheet.

	Respondent 1	Respondent 2																																																																																																																																																																																																								
First name(s)	{ FORMTEXT }	{ FORMTEXT }																																																																																																																																																																																																								
Last name(s)	{ FORMTEXT }	{ FORMTEXT }																																																																																																																																																																																																								
Previous names (if known)	{ FORMTEXT }	{ FORMTEXT }																																																																																																																																																																																																								
Gender	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female																																																																																																																																																																																																								
Date of birth (If party under 18 read section Q of leaflet CB1)	<table><tbody><tr><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td></tr><tr><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td></tr><tr><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td></tr><tr><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td></tr><tr><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td></tr><tr><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td></tr><tr><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td></tr><tr><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td></tr></tbody></table>	{	{	{	{	{	F	F	F	F	F	O	O	O	O	O	R	R	R	R	R	M	M	M	M	M	T	T	T	T	T	E	E	E	E	E	X	X	X	X	X	T	T	T	T	T	}	}	}	}	}	<table><tbody><tr><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td></tr><tr><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td></tr><tr><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td></tr><tr><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td></tr><tr><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td></tr><tr><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td></tr><tr><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td></tr><tr><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td></tr></tbody></table>	{	{	{	{	{	F	F	F	F	F	O	O	O	O	O	R	R	R	R	R	M	M	M	M	M	T	T	T	T	T	E	E	E	E	E	X	X	X	X	X	T	T	T	T	T	}	}	}	}	}																																																																																																				
{	{	{	{	{																																																																																																																																																																																																						
F	F	F	F	F																																																																																																																																																																																																						
O	O	O	O	O																																																																																																																																																																																																						
R	R	R	R	R																																																																																																																																																																																																						
M	M	M	M	M																																																																																																																																																																																																						
T	T	T	T	T																																																																																																																																																																																																						
E	E	E	E	E																																																																																																																																																																																																						
X	X	X	X	X																																																																																																																																																																																																						
T	T	T	T	T																																																																																																																																																																																																						
}	}	}	}	}																																																																																																																																																																																																						
{	{	{	{	{																																																																																																																																																																																																						
F	F	F	F	F																																																																																																																																																																																																						
O	O	O	O	O																																																																																																																																																																																																						
R	R	R	R	R																																																																																																																																																																																																						
M	M	M	M	M																																																																																																																																																																																																						
T	T	T	T	T																																																																																																																																																																																																						
E	E	E	E	E																																																																																																																																																																																																						
X	X	X	X	X																																																																																																																																																																																																						
T	T	T	T	T																																																																																																																																																																																																						
}	}	}	}	}																																																																																																																																																																																																						
	{ FORMCHECKBOX } Don't know	{ FORMCHECKBOX } Don't know																																																																																																																																																																																																								
Place of birth (town/county/country)	{ FORMTEXT }	{ FORMTEXT }																																																																																																																																																																																																								
Address (to which documents relating to this application should be sent)	{ FORMTEXT }	{ FORMTEXT }																																																																																																																																																																																																								
	<table><tbody><tr><td>Postcode</td><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td></tr><tr><td></td><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td></tr><tr><td></td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td></tr><tr><td></td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td></tr><tr><td></td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td></tr><tr><td></td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td></tr><tr><td></td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr><tr><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td></td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td></tr><tr><td></td><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td></tr></tbody></table>	Postcode	{	{	{	{	{	{	{	{	{		F	F	F	F	F	F	F	F	F		O	O	O	O	O	O	O	O	O		R	R	R	R	R	R	R	R	R		M	M	M	M	M	M	M	M	M		T	T	T	T	T	T	T	T	T		E	E	E	E	E	E	E	E	E		X	X	X	X	X	X	X	X	X		T	T	T	T	T	T	T	T	T		}	}	}	}	}	}	}	}	}	<table><tbody><tr><td>Postcode</td><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td><td>{</td></tr><tr><td></td><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td><td>F</td></tr><tr><td></td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td></tr><tr><td></td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td></tr><tr><td></td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td></tr><tr><td></td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td></tr><tr><td></td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td><td>E</td></tr><tr><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr><tr><td></td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td><td>T</td></tr><tr><td></td><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td><td>}</td></tr></tbody></table>	Postcode	{	{	{	{	{	{	{	{	{		F	F	F	F	F	F	F	F	F		O	O	O	O	O	O	O	O	O		R	R	R	R	R	R	R	R	R		M	M	M	M	M	M	M	M	M		T	T	T	T	T	T	T	T	T		E	E	E	E	E	E	E	E	E		X	X	X	X	X	X	X	X	X		T	T	T	T	T	T	T	T	T		}	}	}	}	}	}	}	}	}
Postcode	{	{	{	{	{	{	{	{	{																																																																																																																																																																																																	
	F	F	F	F	F	F	F	F	F																																																																																																																																																																																																	
	O	O	O	O	O	O	O	O	O																																																																																																																																																																																																	
	R	R	R	R	R	R	R	R	R																																																																																																																																																																																																	
	M	M	M	M	M	M	M	M	M																																																																																																																																																																																																	
	T	T	T	T	T	T	T	T	T																																																																																																																																																																																																	
	E	E	E	E	E	E	E	E	E																																																																																																																																																																																																	
	X	X	X	X	X	X	X	X	X																																																																																																																																																																																																	
	T	T	T	T	T	T	T	T	T																																																																																																																																																																																																	
	}	}	}	}	}	}	}	}	}																																																																																																																																																																																																	
Postcode	{	{	{	{	{	{	{	{	{																																																																																																																																																																																																	
	F	F	F	F	F	F	F	F	F																																																																																																																																																																																																	
	O	O	O	O	O	O	O	O	O																																																																																																																																																																																																	
	R	R	R	R	R	R	R	R	R																																																																																																																																																																																																	
	M	M	M	M	M	M	M	M	M																																																																																																																																																																																																	
	T	T	T	T	T	T	T	T	T																																																																																																																																																																																																	
	E	E	E	E	E	E	E	E	E																																																																																																																																																																																																	
	X	X	X	X	X	X	X	X	X																																																																																																																																																																																																	
	T	T	T	T	T	T	T	T	T																																																																																																																																																																																																	
	}	}	}	}	}	}	}	}	}																																																																																																																																																																																																	
	{ FORMCHECKBOX } Don't know	{ FORMCHECKBOX } Don't know																																																																																																																																																																																																								
Home telephone number	{ FORMTEXT }	{ FORMTEXT }																																																																																																																																																																																																								
Mobile telephone number	{ FORMTEXT }	{ FORMTEXT }																																																																																																																																																																																																								
	{ FORMCHECKBOX } Don't know	{ FORMCHECKBOX } Don't know																																																																																																																																																																																																								

Email address

{ FORMTEXT }

{ FORMTEXT }

Have they lived at this address for more than 5 years?

{ FORMCHECKBOX } Yes {  
{ FORMCHECKBOX } No {  
{ FORMCHECKBOX } Don't know

{ FORMCHECKBOX } Yes {  
{ FORMCHECKBOX } No {  
{ FORMCHECKBOX } Don't know

If No, please provide details of all previous addresses for the last 5 years below (if known, including the dates and starting with the most recent)

{ FORMTEXT }

{ FORMTEXT }

## 13. Others who should be given notice

There may be other people who should be notified of your application, for example, someone who cares for the child but is not a parent. Sections G and I of the booklet ‘**CB1 - Making an application - Children and the Family Courts**’ explain who others are.

	Person 1	Person 2
First name(s)	{ FORMTEXT }	{ FORMTEXT }
Last name(s)	{ FORMTEXT }	{ FORMTEXT }
Previous names (if known)	{ FORMTEXT }	{ FORMTEXT }
Gender	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female { F } { F } { F } { F } { F } { F } { O } { O } { O } { O } { O } { O } { R } { R } { R } { R } { R } { R } { M } { M } { M } { M } { M } { M } { T } { T } { T } { T } { T } { T } { E } { E } { E } { E } { E } { E } { X } { X } { X } { X } { X } { X } { T } { T } { T } { T } { T } { T } { } { } { } { } { } { }	{ FORMCHECKBOX } Male { FORMCHECKBOX } Female { F } { F } { F } { F } { F } { F } { O } { O } { O } { O } { O } { O } { R } { R } { R } { R } { R } { R } { M } { M } { M } { M } { M } { M } { T } { T } { T } { T } { T } { T } { E } { E } { E } { E } { E } { E } { X } { X } { X } { X } { X } { X } { T } { T } { T } { T } { T } { T } { } { } { } { } { } { }
Date of birth	{ FORMCHECKBOX } Don't know { F } { F } { F } { F } { F } { F } { O } { O } { O } { O } { O } { O } { R } { R } { R } { R } { R } { R } { M } { M } { M } { M } { M } { M } { T } { T } { T } { T } { T } { T } { E } { E } { E } { E } { E } { E } { X } { X } { X } { X } { X } { X } { T } { T } { T } { T } { T } { T } { } { } { } { } { } { }	{ FORMCHECKBOX } Don't know { F } { F } { F } { F } { F } { F } { O } { O } { O } { O } { O } { O } { R } { R } { R } { R } { R } { R } { M } { M } { M } { M } { M } { M } { T } { T } { T } { T } { T } { T } { E } { E } { E } { E } { E } { E } { X } { X } { X } { X } { X } { X } { T } { T } { T } { T } { T } { T } { } { } { } { } { } { }
Address	{ FORMTEXT }	{ FORMTEXT }
Postcode	{ F } { F } { F } { F } { F } { F } { O } { O } { O } { O } { O } { O } { R } { R } { R } { R } { R } { R } { M } { M } { M } { M } { M } { M } { T } { T } { T } { T } { T } { T } { E } { E } { E } { E } { E } { E } { X } { X } { X } { X } { X } { X } { T } { T } { T } { T } { T } { T } { } { } { } { } { } { }	{ F } { F } { F } { F } { F } { F } { O } { O } { O } { O } { O } { O } { R } { R } { R } { R } { R } { R } { M } { M } { M } { M } { M } { M } { T } { T } { T } { T } { T } { T } { E } { E } { E } { E } { E } { E } { X } { X } { X } { X } { X } { X } { T } { T } { T } { T } { T } { T } { } { } { } { } { } { }
	{ FORMCHECKBOX } Don't know	{ FORMCHECKBOX } Don't know
Please state their relationship to the children listed on page 1. If their relationship is not the same to each child please state their relationship to each child	{ FORMTEXT }	{ FORMTEXT }

13a. Other children not part of the application.

Full name of child	Date of birth	Gender																																																																								
{ FORMTEXT }	<table border="1"> <tr> <td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr> <tr> <td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td></tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td></tr> <tr> <td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td></tr> <tr> <td>T</td><td>T</td><td>/</td><td>T</td><td>T</td><td>/</td><td>T</td><td>T</td></tr> <tr> <td>E</td><td>E</td><td></td><td>E</td><td>E</td><td></td><td>E</td><td>E</td></tr> <tr> <td>X</td><td>X</td><td></td><td>X</td><td>X</td><td></td><td>X</td><td>X</td></tr> <tr> <td>T</td><td>T</td><td></td><td>T</td><td>T</td><td></td><td>T</td><td>T</td></tr> <tr> <td>}</td><td>}</td><td></td><td>}</td><td>}</td><td></td><td>}</td><td>}</td></tr> </table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	O	O	O	O	O	O	O	O	R	R	R	R	R	R	R	R	M	M	M	M	M	M	M	M	T	T	/	T	T	/	T	T	E	E		E	E		E	E	X	X		X	X		X	X	T	T		T	T		T	T	}	}		}	}		}	}	{ FORMCHECKBOX } Male  { FORMCHECKBOX } Female
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																			
O	O	O	O	O	O	O	O																																																																			
R	R	R	R	R	R	R	R																																																																			
M	M	M	M	M	M	M	M																																																																			
T	T	/	T	T	/	T	T																																																																			
E	E		E	E		E	E																																																																			
X	X		X	X		X	X																																																																			
T	T		T	T		T	T																																																																			
}	}		}	}		}	}																																																																			
{ FORMCHECKBOX } Don't know																																																																										
Relationship to applicant(s)	Relationship to respondent(s)																																																																									
{ FORMTEXT }	{ FORMTEXT }																																																																									

Full name of child	Date of birth	Gender																																																																								
{ FORMTEXT }	<table border="1"> <tr> <td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td><td>{ F }</td></tr> <tr> <td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td><td>O</td></tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td></tr> <tr> <td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td></tr> <tr> <td>T</td><td>T</td><td>/</td><td>T</td><td>T</td><td>/</td><td>T</td><td>T</td></tr> <tr> <td>E</td><td>E</td><td></td><td>E</td><td>E</td><td></td><td>E</td><td>E</td></tr> <tr> <td>X</td><td>X</td><td></td><td>X</td><td>X</td><td></td><td>X</td><td>X</td></tr> <tr> <td>T</td><td>T</td><td></td><td>T</td><td>T</td><td></td><td>T</td><td>T</td></tr> <tr> <td>}</td><td>}</td><td></td><td>}</td><td>}</td><td></td><td>}</td><td>}</td></tr> </table>	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	O	O	O	O	O	O	O	O	R	R	R	R	R	R	R	R	M	M	M	M	M	M	M	M	T	T	/	T	T	/	T	T	E	E		E	E		E	E	X	X		X	X		X	X	T	T		T	T		T	T	}	}		}	}		}	}	{ FORMCHECKBOX } Male  { FORMCHECKBOX } Female
{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }	{ F }																																																																			
O	O	O	O	O	O	O	O																																																																			
R	R	R	R	R	R	R	R																																																																			
M	M	M	M	M	M	M	M																																																																			
T	T	/	T	T	/	T	T																																																																			
E	E		E	E		E	E																																																																			
X	X		X	X		X	X																																																																			
T	T		T	T		T	T																																																																			
}	}		}	}		}	}																																																																			
{ FORMCHECKBOX } Don't know																																																																										
Relationship to applicant(s)	Relationship to respondent(s)																																																																									
{ FORMTEXT }	{ FORMTEXT }																																																																									

## 14. Solicitors details

Do you have a solicitor acting  
for you?

{ FORMCHECKBOX } Yes    { FORMCHECKBOX } No    If No, see section  
Q of leaflet CB1 for more information

If Yes, please give the following details

Your solicitor's name

{ FORMTEXT }

Name of firm

{ FORMTEXT }

Address

{ FORMTEXT }

Postcode

{	{	{	{	{	{	{	{
F	F	F	F	F	F	F	{
O	O	O	O	O	O	O	F
R	R	R	R	R	R	R	O
M	M	M	M	M	M	M	R
T	T	T	T	T	T	T	M
E	E	E	E	E	E	E	T
X	X	X	X	X	X	X	X
T	T	T	T	T	T	T	T
}	}	}	}	}	}	}	}

Telephone number

{ FORMTEXT }

Fax number

{ FORMTEXT }

DX number

{ FORMTEXT }

Solicitor's Reference

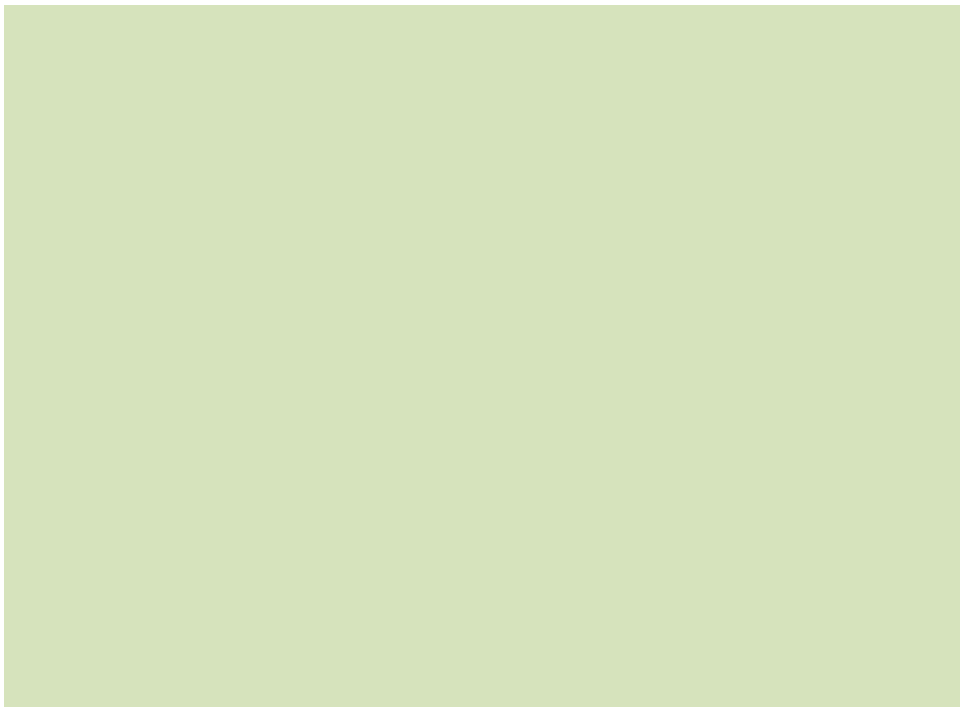
{ FORMTEXT }

Fee account no.

{ FORMTEXT }

Email address

{ FORMTEXT }



# 15. Checklist

1. Have you completed section 1 relating to the child(ren) in full?

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No  
{

2. Have you completed sections 2, 3 and 4 relating to Mediation in full?

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No  
{

3. Have you completed sections 5 and 6 relating to reasons for making the application in full?

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No  
{

4. Have you completed section 7 relating to Other Court cases in full?

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No  
{

5. Have you completed sections 8, 9 and 10 about the factors affecting the proceedings?

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No  
{

6. Have you completed section 11 relating to you the applicant in full?

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No  
{

7. Have you completed section 12, 13 and 14 relating to the Respondent and others who should be given notice

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No  
{

8. Have you completed section 16 relating to statement of truth in full?

{  
FORMCHECKBOX  
} Yes {  
FORMCHECKBOX  
} No  
{

You must send the court **at least three copies** of this form.

# 16. Statement of truth

\*[I believe] [The applicant believes] that the facts stated in this application are true.

\*delete as appropriate

\*I am duly authorised by the applicant/respondent to sign this statement.

Print full name

{ FORMTEXT }

Name of applicant solicitors firm

{ FORMTEXT }

Signed

(Applicant) (Applicant's solicitor)

Date

{ FORMTEXT } / { FORMTEXT } / { FORMTEXT }



Position or office held  
(If signing on behalf of firm or  
company)

{ FORMTEXT }

**Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth.**

---

**Court fee** – Are you paying the court fee by credit or debit card?

{ FORMCHECKBOX } **Yes**, the court will contact you, using the details given in your application, within three working days to take payment

{ FORMCHECKBOX } **No**

#### **What you do next**

You should normally make your application to the Designated Family Centre for your area. You can find this, and a full list of courts and what type of work they do online at [courtribunalfinder.service.gov.uk](http://courtribunalfinder.service.gov.uk)

#### **Fees**

You may need to pay a fee with your application. You should read leaflet EX50 Civil and family court fees to find out what fee, if any, you need to pay. This leaflet is available from your local court or online at [hmctsformfinder.justice.gov.uk](http://hmctsformfinder.justice.gov.uk)

## Guidance note for completing form C100

Relevant sections of this application will be provided to Cafcass/CAFCASS CYMRU upon issue of proceedings. The information contained in this form enables Cafcass/CAFCASS CYMRU to conduct enquiries prior to the first court hearing. Without it they cannot conduct their initial safeguarding checks and enquiries.

Every question in this form should be completed, or stated that the information is not available. This essential information is required by Cafcass/CAFCASS CYMRU and failure to provide this information could lead to unnecessary delays to proceedings:

### Page 1

Specify in the box the nature of the order you seek

You need to complete this form if you want to ask the court to make an (or change an existing) order about a child(ren) and your application is for:

- a child arrangements order (where a child should live, who a child should spend time with or both); or
- a specific issue order (for example, if you are asking the court to decide whether a child's surname should be changed); or
- a prohibited steps order (for example, if you are asking the court to prevent a person from removing a child from a school).

These orders are known as 'Section 8 orders' and are orders made by the court under section 8 of the Children Act 1989 to decide issues in relation to a child. You must tick the relevant box on page 1 to indicate which type of order(s) you are applying for. (If you wish to ask the court to enforce a previous Section 8 order you need to complete a different court form – Form 'C79 (Application related to enforcement of a child arrangements order)').

If you have any concerns about the risk of harm, tick the relevant box(s) and complete a separate Form C1A (Allegations of harm and domestic violence) and give this to the court with your completed Form C100.

Tick whether you are asking permission to make this application (and if so complete section 5a)

Tick whether the application is urgent (and if so complete section 6a) or whether the application is to be made without notice to another party (and if so complete section 6b)

Tick whether there are linked proceedings (and if so complete section 7). When providing information about linked proceedings, please provide as much detail as possible about previous or current court cases that you are aware of in relation to the child(ren).

Tick whether your application is for an order to formalise an agreement (consent order) and if so attach the draft order to this form.

Tick whether your case has an international element or whether there are any factors that affect the ability of any party to these proceedings to participate in proceedings.

### Page 4

Answer questions 2a to 2d about whether there are parallel proceedings for an emergency protection, care or supervision order, whether a MIAM exemption applies or whether you have attended a MIAM.

### Pages 5 to 9

If you answered question 2b on page 4 with 'Yes' you must tick one of the first five boxes in section 3 to indicate the category of MIAM exemption that you are claiming. You must then complete section 3a, b, c, d or e as shown.

If a family mediator needs to certify that a mediator's exemption applies you must ask them to complete section 14a of this form and sign where shown.

If you have attended a MIAM you must ask the family mediator who conducted it to complete section 14b of the form and sign where shown.

### Page 10

Tick whether you have or are applying for permission to make this application (and if seeking permission complete section 5a).

Complete section 5b to provide brief details about why you are making the application

Complete section 5c about any previously prepared Parenting Plan.

### Page 15

Answer questions 10a to 10c by ticking the relevant boxes and provide details in the box of any special arrangements you need in order to be able to attend court.

### Page 16

If you (the applicant) does not wish the address to be made known it should be included in an accompanying Form C8 (Confidential contact details). Please ensure that any documents submitted with this form or at a later date, do not include the confidential contact details you wish to withhold.

## **Page 17**

The respondent's address, including the Postcode

The respondent's telephone number and if applicable, mobile telephone

Whether the respondent has lived at their address for more than 5 years

## **Page 18**

Full details for other parties who should be given notice of the application

## **Page 20**

Check that you (or your solicitor if relevant) have completed and signed the statement of truth.

## General information for completing this form

### Requirement to attend a Mediation, Information and Assessment Meeting

1. It is now a legal requirement that, unless an exemption applies, a person who wishes to apply to court for one or more of the orders listed at paragraph 1 of these notes must first attend a Mediation, Information and Assessment Meeting. (a MIAM). At the stage before proceedings the other party (the respondent) is expected to attend either the same MIAM or a separate MIAM.

2. At the MIAM, a trained family mediator will give you (the applicant) and the other person if present (the respondent) information about family mediation and other types of non-court dispute resolution. They will consider with you whether non-court dispute resolution would be an appropriate way to resolve the dispute. It is then for the applicant and respondent to decide whether or not to do so.

3. The requirement for the applicant to attend a MIAM does not apply if a Section 8 order is being applied for and:

- the other person is in agreement about what you are asking the court to order (the order is a 'consent order'); or
- there is an ongoing case about the child(ren) who would be the subject of the Section 8 application and that case concerns an emergency protection order, a supervision order or a care order, or if one of those orders has previously been made.

4. You must tick the relevant box in Section 2 of this form so that the court knows whether the MIAM requirement applies, whether an exemption applies (and why) or whether you have attended a MIAM.

### MIAM exemptions and MIAM attendance

5. As the applicant you are expected to have contacted an authorised family mediator in order to make arrangements to attend a MIAM unless:

- the MIAM requirement does not apply for one of the reasons explained at paragraph 9 of these notes, or
- you are claiming a MIAM exemption, or a family mediator certifies that a mediator's exemption applies.

6. You can find an authorised family mediator by using the 'Find your local mediator' search facility available at: [www.familymediationcouncil.org.uk](http://www.familymediationcouncil.org.uk)

7. You should give the mediator the contact details of the other person so that the family mediator can contact them to check their willingness to attend a MIAM. If the other persons (or none of the other persons if there is more than one respondent) is or are unwilling to attend a MIAM this is a ground for the family mediator to exempt you from attending a MIAM.

8. If you or your solicitor believe that you have grounds for claiming exemption from MIAM attendance you or your solicitor must tick the relevant box in Section 2 of this form and complete Section 13.

9. If a family mediator wishes to certify that a mediator's exemption applies, so that you do not need to attend a MIAM, you must ask the family mediator to complete Section 14a of this form and sign it where shown.

10. If you have attended a MIAM you must ask the family mediator who conducted the MIAM to complete Section 14b of this form and sign it where shown.

11. If you claim a MIAM exemption and make an application to the court, the court will inquire into the grounds for exemption. The court may ask you to produce written evidence (see Section 13 of this form for details against each exemption shown).

12. If the court determines that the exemption was not validly claimed it may direct you, or you and the other party, to attend a MIAM and, if the case has already progressed to the first hearing, may adjourn the case to enable you to make arrangements to attend a MIAM.

13. The detailed procedure relating to the MIAM requirement and MIAM exemptions and attendance is set out in Part 3 of the Family Procedure Rules and in supporting Practice Direction 3A (judicial guidance). These are available online at: [www.justice.gov.uk/courts/procedure-rules/family/practice\\_directions/pd\\_part\\_03a](http://www.justice.gov.uk/courts/procedure-rules/family/practice_directions/pd_part_03a)

### Paying for MIAM attendance or for family mediation

14. Legal aid is available for MIAMs and for family mediation. If you are eligible for legal aid you could receive both the MIAM and mediation sessions free of charge, as well as some advice from a solicitor to support you in the mediation process.

15. If you, or the prospective respondent, is eligible for Legal Aid then the total cost of MIAM attendance can be met by the Legal Aid Agency, whether you and the prospective respondent attend the same MIAM or separate MIAMs.

16. If neither you nor the respective respondent is eligible for Legal Aid then the mediator will agree with you how the cost of MIAM attendance is to be met.

17. See paragraph 33 below on how to find out whether you are eligible for Legal Aid.

### Safety and MIAM attendance

18. Please note: the family mediator will discuss with you and with the other person whether you wish to attend the MIAM separately or together. Family mediators have a responsibility to ensure the safety and security of all concerned and will always check with each of you that attending together is your individual choice and is safe.

## Information about mediation

19. If suitable, mediation can be a better way of resolving issues about arrangements for children when you and your partner separate or divorce. Mediation can be less expensive than going to court and much less stressful for all the family. It can also help you as parents to focus on your child(ren)'s needs in making decisions about them.

20. Family Mediation is an impartial process that involves an independent third person who assists both parties involved in a family dispute to reach a resolution. Family mediation can be used to settle any or all of the following issues:

- Arrangements for children
- Financial arrangements and dividing up property
- Any combination of these
- Any other disputes to do with separation and divorce.

21. Family Mediation is not just for divorcing or separating couples – it is a means for resolving a range of family disputes, whether they arise from divorce or the separation of cohabiting parents. Family Mediation could also help resolve issues with wider family members such as grandparents.

22. The family mediator helps the process of negotiation between the parties to agree their own arrangements by way of a Memorandum of Understanding. You can ask a solicitor, if you have one, to check the Memorandum of Understanding.

23. If both parties agree, you can ask the court to endorse what you have agreed by issuing a consent order. The mediator will help you to decide whether your case is complicated and does in fact need the court to consider your situation and make an order. The mediator should also tell you about other local services and options for resolving your dispute.

24. A statutory Mediation Information and Assessment Meeting (MIAM) is reserved for “authorised mediators” under the Family Procedure Rules. “Authorised family mediator” means a person identified by the Family Mediation Council as qualified to conduct a MIAM. “Qualified to conduct a MIAM” is interpreted as holding current Family Mediation Council accreditation (FMCA). FMCA mediators

26. The family mediator who undertakes the MIAM for you must be a member of a national mediation organisation which adheres to the Family Mediation Council's Code of Conduct and the mediator must be authorised to conduct MIAMs. The service finder will help you find such a local mediator.

27. You can find out more about legal aid for family matters, including whether you may be eligible for legal aid, on the Legal Aid Information Service on the Gov.UK site at: [www.gov.uk/check-legal-aid](http://www.gov.uk/check-legal-aid) or you can telephone the Civil Legal Advice direct helpline 0345 345 4345.

28. For general advice on separation services and options for resolving disputes:  
[www.sortingoutseparation.org.uk](http://www.sortingoutseparation.org.uk)

29. For general advice about sorting out arrangements for children, the use of post-separation mediation, and/or going to court:  
[www.advicenow.org.uk](http://www.advicenow.org.uk);  
[www.advicenow.org.uk/guides/survival-guide-sorting-out-arrangements-your-children](http://www.advicenow.org.uk/guides/survival-guide-sorting-out-arrangements-your-children)

30. For general advice about sorting out arrangements for children:  
[www.theparentconnection.org.uk/](http://www.theparentconnection.org.uk/)

31. For advice about Contact Centres, which are neutral places where children of separated families can enjoy contact with their non-resident parents and sometimes other family members, in a comfortable and safe environment; and information about where they are: [www.naccc.org.uk](http://www.naccc.org.uk)

32. For help with taking a case to court without a solicitor, the Personal Support Unit:  
[www.thepsu.org/](http://www.thepsu.org/)

33. For guidance on representing yourself at court, including a list of commonly used terms that you may come across:  
<http://www.barcouncil.org.uk/using-a-barrister/representing-yourself-in-court/>

34. For advice about finding and using a family law solicitor see: Law Society [www.lawsociety.org.uk](http://www.lawsociety.org.uk), and Resolution (family law solicitors): [www.resolution.org.uk](http://www.resolution.org.uk)

35. For advice about finding using a family law barrister: see <http://www.barcouncil.org.uk/using-a-barrister/find-a-barrister/> and for arrangements for using a barrister directly see <http://www.barcouncil.org.uk/using-a-barrister/how-to-instruct-a-barrister/>

36. Judicial guidance that sets out the approach of the courts to deciding child arrangements is available online at:  
[www.justice.gov.uk/courts/procedure-rules/family/practice\\_directions/pd\\_part\\_12b](http://www.justice.gov.uk/courts/procedure-rules/family/practice_directions/pd_part_12b)

are issued with a unique FMC registration number. Authorised mediators are requested to enter this number in the box provided.

#### **Further information and sources of help**

25. General information about family mediation is available from the Family Mediation Council website at: [www.familymediationcouncil.org.uk](http://www.familymediationcouncil.org.uk)

#### **Online videos**

37. There are several videos explain more about the mediation process, making your application, what will happen in court and will help you prepare for the hearing. To watch the videos visit [www.bit.ly/guides\\_for\\_separating\\_parents](http://www.bit.ly/guides_for_separating_parents)

Crown Copyright material is reproduced with the permission  
of the Controller of HMSO and the Queen's Printer of Scotland

# **Client care letter**



{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER\_FEE\_EARNER\_ID }/{ MERGEFIELD  
client\_no }/{ MERGEFIELD matter\_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ \\*  
MERGEFORMAT }

{ IF {MERGEFIELD LINKNAME\_SURNAME\_1 } = "{ MERGEFIELD LINKNAME\_SURNAME\_2  
}" "{ MERGEFIELD LINKNAME\_TITLE\_1 } & { MERGEFIELD LINKNAME\_TITLE\_2 } {  
MERGEFIELD LINKNAME\_INITIALS\_1 } { MERGEFIELD LINKNAME\_SURNAME\_1}" "{ IF {  
MERGEFIELD LINKNAME\_SURNAME\_2 } = "" "{ MERGEFIELD LINKNAME\_TITLE\_1 } {  
MERGEFIELD LINKNAME\_INITIALS\_1 } { MERGEFIELD LINKNAME\_SURNAME\_1}" "{  
MERGEFIELD LINKNAME\_TITLE\_1 } { MERGEFIELD LINKNAME\_INITIALS\_1 } {  
MERGEFIELD LINKNAME\_SURNAME\_1 } & { MERGEFIELD LINKNAME\_TITLE\_2 } {  
MERGEFIELD LINKNAME\_INITIALS\_2 } { MERGEFIELD LINKNAME\_SURNAME\_2}" }" }  
{ MERGEFIELD CALCULATION\_ADDRESS }

Dear { IF {MERGEFIELD LINKNAME\_SURNAME\_1 } = "{ MERGEFIELD  
LINKNAME\_SURNAME\_2 }" "{ MERGEFIELD LINKNAME\_TITLE\_1 } and { MERGEFIELD  
LINKNAME\_TITLE\_2 } { MERGEFIELD LINKNAME\_SURNAME\_1}" "{ IF { MERGEFIELD  
LINKNAME\_SURNAME\_2 } = "" "{ MERGEFIELD LINKNAME\_TITLE\_1 } { MERGEFIELD  
LINKNAME\_SURNAME\_1}" "{ MERGEFIELD LINKNAME\_TITLE\_1 } { MERGEFIELD  
LINKNAME\_SURNAME\_1 } and { MERGEFIELD LINKNAME\_TITLE\_2 } { MERGEFIELD  
LINKNAME\_SURNAME\_2}" }" }

**Re: { MERGEFIELD MATTER MATTER\_DESCRIPTION }**

I am { MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }, a JOB TITLE, in the  
Family Department. I will have conduct of your matter throughout. I am supervised by NAME, a  
JOB TITLE.

### **Your Instructions**

### **Our Advice**

The Local Authority will issue 'Care Proceedings' where they are concerned about the care you  
provide to your children. This means the Local Authority will make an application to the Court  
asking that your child is put into care permanently.

The Court have to look at the Welfare Checklist when they decide what is best for your child.

This includes:

- The wishes and feelings of your child, considering his or her age and understanding.
- The effect on your child of a change of circumstances
- The age, sex and background of your child which could be relevant to the Court's  
decision

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\footer.doc"}

- Any harm that your child has suffered or is at risk of suffering
- How capable each parent is of meeting your child's needs
- The different options available to the Court

When the Local Authority make the application to the Court, the Court will look at it within 24 hours. The Local Authority will always make the application to the Family Court which is closest to where your child is living.

A Guardian will be appointed on behalf of your child. The Guardian is a social worker from CAFCASS (Children and Families Court Advisory and Support Service), who is completely separate and independent from the Local Authority's social worker. This is to make sure your child's best interests are represented fairly in the case.

The Court will set out a timetable of dates, which are sometimes called 'directions'. These directions set out when each party must give their evidence in support of their case, or a date when evidence from an expert must be given (for example, an expert doctor might need to give an opinion on an injury). Sometimes evidence is needed from third parties, such as police evidence or medical evidence.

### **Case Management Hearing**

The Court will also arrange for the first hearing to take place, which is called the Case Management Hearing. The Court will not make a final decision about your child at this hearing. The purpose of it is to find out some further information. The Court will try to find out the following:

- What the main issues are in your case
- Creating the timetable for the case
- What evidence is needed, for example witness statements or expert reports
- Whether you disagree with what the Local Authority say about the care you give to your child, or whether you disagree with the other parent. This helps the Judge to decide whether he will need to hear evidence from anyone.
- Whether there are any other people who should be joined to the case, for example a family member or a third party who has been accused of abusing your child.
- The Court will also set a date for the Local Authority to prepare their final evidence and Care Plan. You and the other parent will be able to give a statement replying to the Local Authority's evidence.

### **Issues Resolution Hearing**

After the Case Management hearing, the Court will list the next hearing which is called the 'Issues Resolution Hearing'.

At the next hearing, all the evidence will have been supplied to the Court and to each party. If the parties are in agreement, then a final order can be made at this hearing.

### **Final Hearing**

If the parties do not agree, then Court will list a final hearing where the parties can give evidence, and the Court will decide what order should be made.

Usually, this happens because the Local Authority say that your child should not live with you, but you disagree with this.

These are the main hearings which take place in Care Proceedings, however sometimes there will be other hearings which you need to attend. This could happen where an urgent decision needs to be made, for example. You should always ensure you go to Court hearings.

### **Timescales**

The guidelines say that the Care Proceedings should take no longer than 6 months (26 weeks), so the Court will try to make sure it does not take longer than this. Sometimes in complicated cases it will take longer than this, but I will keep you updated about the timescale of your case regularly.

### **Costs**

You are entitled to free Legal Aid in this type of case. It does not matter how much you earn, or whether you have a job or not. This includes the cost of me or another solicitor at this firm attending Court to represent you, or a barrister.

There are a few things you need to know about Legal Aid though.

You must let me know if your address changes, as I will need to notify the Legal Aid Agency straight away.

You must give me your instructions throughout the case and attend any hearings which the Court tells you to. If you do not do these things, then the Legal Aid Agency can cancel your Legal Aid, and I would not be able to help you anymore. You would then need to represent yourself in your case which you may find difficult. Therefore, it is very important that you keep in contact with me during your case, and I will keep you regularly updated.

### **Next Steps**

You must sign and return the copy of this letter as soon as possible. It is important you do this, otherwise I cannot start work on your case.

My Firm uses a secure internet portal where I can send you documents and you can contact me. I will send you a login for this portal soon. If you don't have access to the internet, please let me know so I can send documents to you in the post instead.

If you have any questions, please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }  
{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }



**Letter to Counsel enclosing brief**

**and bundle**

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER\_FEE\_EARNER\_ID }/{ MERGEFIELD  
client\_no }/{ MERGEFIELD matter\_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ \\*  
MERGEFORMAT }

F.A.O. Clerk to { MERGEFIELD PUB\_CH\_ORG\_CNLS1CON1\_title } { MERGEFIELD  
PUB\_CH\_ORG\_CNLS1CON1\_initials } { MERGEFIELD  
PUB\_CH\_ORG\_CNLS1CON1\_surname }  
{ MERGEFIELD PUB\_CH\_ORG\_CNLS1\_address }

Dear Sirs

**{ MERGEFIELD PUB CH ORG LOCALAUTH1 name } v { MERGEFIELD  
LINKNAME FORENAME 1 } { MERGEFIELD LINKNAME SURNAME 1 }, { MERGEFIELD  
LINKNAME FORENAME 2 } { MERGEFIELD LINKNAME SURNAME 2 }, { MERGEFIELD  
PUB CH OP1 2 OP1 FORENAME } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C1FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C1SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C2FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C2SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C3FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C3SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C4FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C4SURNAM }, { MERGEFIELD  
PUB CH CHILD FW INJ C5FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C5SURNAM } & { MERGEFIELD  
PUB CH CHILD FW INJ C6FORENA } { MERGEFIELD  
PUB CH CHILD FW INJ C6SURNAM } Acting by their Guardian  
Case No. { MERGEFIELD PUB CH ORG COURT1CASENO }**

Please find enclosed Brief to Counsel in the above matter. We should be grateful if this could  
be passed to { MERGEFIELD PUB\_CH\_ORG\_CNLS1CON1\_title } { MERGEFIELD  
PUB\_CH\_ORG\_CNLS1CON1\_surname } as soon as possible.

Yours faithfully,

**{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }**

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE  
LTD\\Documents\\OspreyOfficeGateway\\footer.doc"}

{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }



# **Notice of Acting**

**CASE NO: { MERGEFIELD PUB\_CH\_ORG\_COURT1CASENO }**

**IN THE { MERGEFIELD PUB\_CH\_ORG\_COURT1\_name }**

**B E T W E E N:**

**{ MERGEFIELD PUB\_CH\_ORG\_LOCALAUTH1\_name }**

Applicant

**-and-**

Respondent

---

**Notice of Acting**

---

**TAKE NOTICE** that we { MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME } of { MERGEFIELD PRACTICEINFO\_HOUSE }, { MERGEFIELD PRACTICEINFO\_AREA }, { MERGEFIELD PRACTICEINFO\_POSTAL\_TOWN }, { MERGEFIELD PRACTICEINFO\_POSTCODE } have been appointed to act as Solicitors for the above-named Respondent generally/limited to the following matters only:

Our address for service is:

{ MERGEFIELD PRACTICEINFO\_DX\_NO }  
{ MERGEFIELD PRACTICEINFO\_HOUSE }  
{ MERGEFIELD PRACTICEINFO\_AREA }  
{ MERGEFIELD PRACTICEINFO\_POSTAL\_TOWN }

{ MERGEFIELD PRACTICEINFO\_POSTCODE }

Ref: { MERGEFIELD client\_no }/{ MERGEFIELD matter\_no }

Dated: { SET LETTER{ DATE \@ "d  
MMMM yyyy" } }{ref LETTER \@ "d  
MMMM yyyy" \ \\* MERGEFORMAT }

Signed: .....

{ MERGEFIELD  
PRACTICEINFO\_PRACTICE\_NAME }

To: The Court

For the Respondent

# Statement Template

CASE NO: { MERGEFIELD PUB\_CH\_ORG\_COURT1CASENO }

IN THE { MERGEFIELD PUB\_CH\_ORG\_COURT1\_name }

B E T W E E N:

{ MERGEFIELD PUB\_CH\_ORG\_LOCALAUTH1\_name }

Applicant

-and-

Respondent

---

**Statement of the Respondent**

---

I, { MERGEFIELD LINKNAME\_FORENAME\_1 } { MERGEFIELD LINKNAME\_SURNAME\_1 } of , will say as follows:

1. I make this statement in accordance with XXX

I believe that the facts stated in this witness statement are true.

**Statement of Truth**

Signed .....

Dated .....