

Application under section 8 of the Children Act 1989 for a child's welfare, 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 Court's name and address	
Case number	Date issued

Help with Fees – Ref no. (if applicable) **H W F** - [] [] [] - [] [] []

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'.

Full name of applicant(s)

Full name of respondent(s)

Nature of application

What order(s) are you applying for?

- Child's welfare Order
- Prohibited Steps Order
- 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.

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 Yes No
- child abduction Yes No
- child abuse Yes No
- drugs, alcohol or substance abuse Yes No
- other safety or welfare concerns Yes 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? Yes No If Yes, complete section 5a
- Is an urgent hearing or without notice hearing required? Yes No If Yes, complete section 6a or 6b
- Are there previous or ongoing proceedings for the child(ren)? Yes No If Yes, complete section 7
- Are you applying for an order to formalise an agreement (consent order)? Yes No If Yes, **attach the draft order to this form**
- Is this a case with an international element or factors affecting litigation capacity? Yes No If Yes, complete section 8 or 9

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.
- Each ^{US^EWHU} will carry out checks as it considers necessary.

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 - Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Don't know			
Relationship to applicant(s)		Relationship to respondent(s)	
Child 2 - Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Don't know			
Relationship to applicant(s)		Relationship to respondent(s)	
Child 3 - Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Don't know			
Relationship to applicant(s)		Relationship to respondent(s)	
Child 4 - Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Don't know			
Relationship to applicant(s)		Relationship to respondent(s)	

1a. Are any of the children known to e[redacted]?

Yes No Don't know

If Yes please state which child and the name of the E[redacted] worker (if known)

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

Yes No Don't know

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

Yes No

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?

Applicant(s) Respondent(s) Other

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.

\$. Why are you making this application?

Have you applied to the court for permission to make this application? Yes No - permission not required No - permission now sought

\$a. Reasons for permission if permission is required.

\$b. 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.

% Urgent and without notice hearings

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

%a. Urgent hearing

Set out the order(s)/directions sought

Set out the reasons for urgency

Proposed timetable

The application should be considered within 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?

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

6. 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?

Yes No

If Yes, please set out reasons below

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

Yes No

If Yes, please set out reasons below

& Other court cases which concern the child(ren) listed in Section 1

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

Additional details

Name of child(ren)

Name of the court where proceedings heard

Case no.

Date/year (if known)

Name of the child(ren) to whom the proceedings relate

Type of proceedings if known - please tick all that apply

Emergency Protection Order

Yes

No

Supervision Order

Yes

No

Care Order

Yes

No

Child abduction

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

A care order (Section 8 Children Act 1989)

Yes

No

Please tick if additional sheets are attached.

Please attach a copy of any relevant order.

' . 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?

Yes No

If Yes, please give details

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)?

Yes No

If Yes, please give details

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?

Yes No

If Yes, please give details

(. Factors affecting ability to participate in proceedings

Please give details of any factors affecting litigation capacity

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

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

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

) . 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.

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

Yes No

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

	<input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
	<input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
	<input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
	<input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
	<input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
	<input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both
	<input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Both

) b. Do you or any of the parties require the court to appoint an interpreter or arrange any other assistance (e.g. sign language signer)?

Yes No

If Yes, who requires the interpreter

applicant respondent Other party (*please specify*)

and please specify the language and dialect required:

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

Yes No

If Yes, please give details

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

Yes No

If Yes, please say what the needs are

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

Court staff may get in touch with you about the requirements

*. About you (the applicant(s))

Applicant 1 (You)

Applicant 2 (if applicable)

Full names

Previous names (if any)

Gender

Male Female

Male Female

Date of birth (If under 18 read section R of leaflet CB1)

 / /
 / /

Place of birth (town/county/country)

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. 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

Postcode

Postcode

Home telephone number

Mobile telephone number

Email address

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

Yes No

Yes No

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

+. 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

Full names

Previous names (if known)

Gender

Male Female

Male Female

Date of birth (If party under 18 read section R of leaflet CB1)

Don't know

Don't know

Place of birth
(town/county/country)

Address (to which documents relating to this application should be sent)

Postcode

Postcode

Don't know

Don't know

Home telephone number

Mobile telephone number

Don't know

Don't know

Email address

Don't know

Don't know

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

Yes No Don't know

Yes No 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)

1". 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	<input type="text"/>	<input type="text"/>
Previous names (if known)	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know
Address	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know
<p>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.</p>	<input type="text"/>	<input type="text"/>

1" a. Other children not part of the application.

Full name of child	Date of birth	Gender
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to applicant(s)		Relationship to respondent(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name of child	Date of birth	Gender
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to applicant(s)		Relationship to respondent(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

1#. >Si kW's details

Do you have a >Si kW's acting
for you?

Yes

No

If No, see section Q of leaflet CB1 for more information

If Yes, please give the following details

Your >Si kW's name

Name of firm

Address

Postcode

Telephone number

Fax number

DX number

>Si kW's Reference

Fee account no.

Email address

1\$. 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 to sign this statement.

Print full name

Name of applicant ~~Si kV~~ firm

Signed

Dated

(Applicant) (Applicant's ~~Si kV~~)

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

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.