



MAGISTRATE'S COURT (FAMILY) FALKLAND ISLANDS

APPLICATION FOR AN ORDER

Children Ordinance 2014

The full name(s) of the child(ren)

To be completed by the court

Date issued:

Case number:

Name of applicant:

State:

- *Your title, full name, address, telephone number, date of birth and relationship to each child*
- *Your solicitors name, address, reference and telephone number*

Name of child(ren) and order(s) applying for:

For each child state:

- *Full name of child(ren), date of birth and sex*
 - *The type of order(s) applied for*
-

Other cases which concern the child(ren):

If there have been or there are pending, any court cases which concern:

- A child who is the subject of this application
- A full, half or step sibling of a child who is subject of this application
- A person in this case who is or has been involved in caring for a child who is subject of this application

Attach a copy of the relevant order and give:

- The name and contact details of the children's guardian (if known)
- The name and contact details of the solicitor appointed for the child(ren) (if known)

The respondent(s):

For each respondent state:

- The title, full name and address
- The date of birth or age
- The relationship to each child

Others to whom notice is to be given

For each person state:

- The title, full name and address
 - The date of birth (if known) or the age
 - The relationship to the child(ren)
-

The care of the child(ren)

For each child subject of this application please state:

- The child's current address and how long the child has lived there
- Whether it is the child's usual address and who cares for the child there
- The child's relationship to the other children (if any)

Domestic abuse, violence or harm

Do you believe that the child(ren) named above 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 is or has been involved in caring for the child(ren) or lives with, or has contact with, the child(ren)?

Please tick the box which applies

Yes

No

If you tick the "yes" box, you must also fill in the supplemental information form. You can obtain a copy of this from the court office if one has not been enclosed with the papers served on you.

Social Services

For each child subject of this application state:

- Whether the child is known to Social Services. If so, give the name of the social worker
- Whether the child is, or has been, on the Child Protection Register. If so, give details of registration

The education and health of the child(ren)

For each child state:

- The name of the school the child attends
 - Whether the child is in good health
 - Whether the child has any special needs
-

The parents of the child(ren)

For each child state:

- *The full name of the child's parents*
- *Whether the parents live together and if so, where*
- *Whether both parents have parental responsibility*
- *Whether, to your knowledge, either of the parents have been involved in a court case concerning a child. If so, give details*

The family of the child(ren) (other children)

For any other child not already mentioned in the family state:

- *Full name and address*
- *The date of birth or age (if known)*
- *The relationship of the child to you*

Other adults

State:

- *The full name of any other adults who live at the same address as any child subject of this application*
 - *Whether they live there all the time*
 - *Whether, to your knowledge, the adult has been involved in a court case concerning a child. If so, give details*
-

Your reason(s) for applying and any plans for the child(ren)

State briefly your reasons for applying and what you want the court to order

- **Do not** complete this section of the form if you have completed the supplementary form

Attending the court

State:

- *Whether you will need an interpreter in court. If so please indicate which language and dialect you will use. If you require an interpreter you must notify the court immediately so one can be arranged.*
- *Whether you have a disability for which you require assistance or special facilities. If so, please state what your needs are.*

Signed:
(Applicant)

Date:
