Application for inherent jurisdiction order in relation to children

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)	н	ıw	F	_	<pre>{ F O R M T E X T }</pre>	<pre>{FORMTEXT}</pre>	<pre>{FORMTEXT}</pre>	_	<pre>{ F O R M T E X T }</pre>	<pre>{FORMTEXT}</pre>	{ F O R M T E X T	
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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

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.

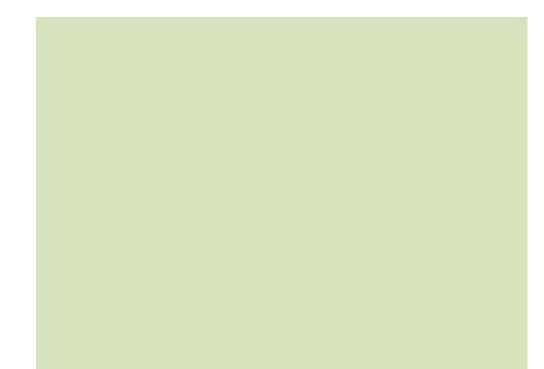
Summary of application			
Your name (the applicant(s))	FORMTEXT	[}	
The respondent's name(s)	FORMTEXT	[}	
Please list the name(s) of the child(ren)	and the type	(s) of order you are applying for,	starting with the oldest.
Name of child(ren)	Gender	Date of birth	Order(s) applied for.
{ FORMTEXT }	{ FORMTE XT }	{ {	{ FORMTEXT }
{ FORMTEXT }	{ FORMTE XT }	{ {	{ FORMTEXT }
{ FORMTEXT }	{ FORMTE XT }	{{{{{{{FOFOFOFOFOFOFOFOFOFOFOFORR/RRRRMTMTMTMTMTMTMTMTEXEXEXEXEXEXEXEXEXEX	{ FORMTEXT }

{ FORMTEXT }	{ FORMTE XT }	{ {	{ FORMTEXT }
Give details of any fixed hearing date or period?	{ FORMTEX	Τ}	

1. About you (the applicant)	
Your first name	{ FORMTEXT }
Middle name(s)	{ FORMTEXT }
Surname	{ FORMTEXT }
Previous surnames (if any)	{ FORMTEXT }
Date of birth	{ { } { } <td< td=""></td<>
Place of birth (town/county/country)	{ FORMTEXT }
Address	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 $\left\{ \begin{array}{c} FORMTEXT \right\} \\ FORMTEXT \\ FORMTEXT \\ FF \\ FF$
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 }	
L		

Your solicitor's details	
Do you have a solicitor acting for you?	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No
Your solicitor's name	If Yes, please give the following details { FORMTEXT }
Name of firm	{ FORMTEXT }
Address	{ FORMTEXT }
	Postcode { { {
Telephone number	{ FORMTEXT }
Fax number	{ FORMTEXT }
DX number	{ FORMTEXT }
Solicitor's Reference	{ FORMTEXT }
Fee account no.	{ FORMTEXT }



2. The child(ren)

Child 1		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'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 addr respondent, leave the address deta Confidential contact details form C8. family court office or from our websit	ils blank and complete You can get a copy of this form from any
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 { FOR If Yes, please give details { FORMTEXT }	MCHECKBOX } No

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 a	pplication?
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) 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	{ FORMCHECKBOX } Yes order and give additional details be	·	h a copy of any relevant	
child(ren) at Section 2?	{ FORMCHECKBOX } No	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 details on additional sheets.	t for each child pleas	e provide	
Type of proceedings if known - please tick all that apply	Emergency Protection Order Yes { FORMCHECKBOX } No		{ FORMCHECKBOX }	
	Supervision Order Yes { FORMCHECKBOX } No		{ FORMCHECKBOX }	
	Care Order Yes { FORMCHECKBOX } No		{ FORMCHECKBOX }	
	Child abduction Yes { FORMCHECKBOX } No		{ FORMCHECKBOX }	
	Family Law Act 1996 Part 4 (proce non-molestation order or occupation Yes { FORMCHECKBOX } No		{ FORMCHECKBOX }	
	A contact or residence order (Sec Act 1989) made within proceeding or dissolution of a civil partnership Yes { FORMCHECKBOX } No	gs for a divorce	{ FORMCHECKBOX }	
	A contact or residence order (Sec Act 1989) made in connection with Order Yes { FORMCHECKBOX } No		{ FORMCHECKBOX }	
	An order relating to child maintena (Schedule 1 Children Act 1989) Yes { FORMCHECKBOX } No	{ FORMCHECKBOX }		
	A child arrangements order (Section 8 Children Act 1989) Yes { FORMCHECKBOX } No { FORMCHECKBOX }		{ 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 }	
Date of birth	{ {	Gender { FORMCHECKBOX } Male { FORMCHECKBOX } Female
Place of birth (town/county/country, if known)	{ FORMTEXT }	
Address	{ FORMTEXT }	
Have they lived at this address for more than 5 years?	} Don't know If No, please provide all previous addresses to last 5 years below, if known.	HECKBOX } No { FORMCHECKBOX for the
	{ 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	{ {	Gender { FORMCHECKBOX } Male { FORMCHECKBOX } Female
Place of birth (town/county/country, if known)	{ FORMTEXT }	
Address	{ FORMTEXT }	
Have they lived at this address for more than 5 years?	Postcode { { {	
Relationship to the child(ren)	{ FORMTEXT }	Relationship
י זפימוטרוטווף נט נוופ טוווט(נפון)	{ FORMTEXT }	{ FORMTEXT }
	{ FORMTEXT }	{ FORMTEXT }

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

9. 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	{ FORMTEXT }
Signed	
	*(Applicant)(Legal Representative)(Applicant's solicitor)
Date	1 1
	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	
lf 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 attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?

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). If Yes, please specify the language and dialect:

{ FORMTEXT }

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please say what the needs are { FORMTEXT }

{ 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

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.

{ | { { | { { | { | { FOFO FO FO FOFOFOFO R RMRMRM RMRM RMRM TE TE TE TE MT TE TE TE XT XT XT XT EX XT XT XT } } } } **⊺}**} }

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.

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, 1st Mezzanine, Queens Building, Royal Courts of Justice, Strand, London WC2A 2LL.

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