



FORM C1AA  
SUPPLEMENTAL INFORMATION FORM

Children (Northern Ireland) Order 1995  
Magistrates' Courts (Children (Northern Ireland) Order 1995) Rules  
(Northern Ireland) 1996

of \_\_\_\_\_ Ref no. \_\_\_\_\_

Applicant \_\_\_\_\_ Petty Sessions District of \_\_\_\_\_  
Family Proceedings Court at \_\_\_\_\_

Respondent(s) \_\_\_\_\_ County Court Division of \_\_\_\_\_

**Important Note**

*Please read the accompanying Notes for Guidance before completing this form.*

**Section 1 About you (the person completing this form)**

State

- *your title, full name, address, telephone number, date of birth and relationship to each child*
- *your solicitors name, address, reference, telephone, FAX and DX numbers.*

**Section 2 Respondent's comments on allegations made by the Applicant**

**About this section:**

- *Go straight to Section 3 below (Further information) if:  
(a) you are the **Applicant**; or*

(b) you are the **Respondent** and the Applicant has not filed a Form CIAA Supplemental Information Form with his or her application.

- This section of the form should only be completed **by the Respondent** where the Applicant has served a completed Form CIAA with his or her application for an order.
- **You do not have to complete this section unless you wish to comment on any information given by the Applicant in his or her Form CIAA.** This section should not be used to comment on any other information given by the applicant in his or her application.
- **Please comment in summary form only.** You will have an opportunity to make a detailed statement later in the proceedings.

**Comments on allegations made by the Applicant:**

### **Section 3 Further Information**

#### **1. Involvement with any outside authorities and organisations**

*If as a result of any incidence of domestic abuse, other harm or risk of harm to you or the child(ren) there is, has been or there is pending any known involvement with the police, social services, mental health services or other support services in respect of:*

- *any child(ren) whose name(s) is/are given at the top of this form;*
- *a full, half or step brother or sister of a child(ren) whose name(s) is/are given at the top of this form; or*
- *a person who is or has been involved in caring for the child(ren) or is having or has had contact with the child(ren) whose name(s) is/are given at the top of this form*

*please provide details and identify:*

- *which agency or service has been involved;*

- *the name of the person who has been the main contact in that agency or service;*
- *the date or dates of any involvement;*
- *whether there is any current or continuing involvement;*
- *whether or not you have any documents, reports or correspondence relating to the agency or service's involvement.*

## **2. Incidents of abuse, violence or harm**

*For each alleged incidence of violence, domestic abuse or harm, please provide in summary form the following information:*

- *the date(s) on which the incident occurred*
- *the nature and seriousness of the alleged abuse, violence or harm*
- *by whom and against whom it was directed*
- *how frequently the alleged abuse, harm or violence occurred and the date(s) of the most recent occurrence(s)*

- *whether any hospital or medical treatment has been sought by the child(ren) whose name(s) is/are given at the top of this form, the applicant or other person in respect of any injuries sustained, and*
- *whether you consider there is a likelihood of further harm, abuse or violence occurring.*

**3. Involvement of the child(ren)**

*If the child(ren) whose name(s) is/are given at the top of this form have seen or heard any alleged incidents of abuse within the household or been aware of any alleged abuse and its impact on the family, please give details and in particular state how you believe the child(ren) have been affected by this experience:*

#### **4. Witnesses**

*Has anyone else seen, heard or had reported to them any alleged incidence of violence, domestic abuse or harm? If Yes, would that person be able to provide supporting evidence?*

#### **5. Medical treatment or other assessment of the child(ren)**

*If any child(ren) whose name(s) is/are given at the top of this form have been referred for treatment or psychiatric or psychological assessment, by any medical or health service relating to his/her emotional, social or behavioural development (or where any such treatment or referral is pending) please state:*

- *when and to whom such a referral was made*
- *details of any treatment or assessment recommended*
- *whether there is any continuing involvement with the relevant service in relation to the referral and*
- *whether you are aware of or have in your possession any reports or other correspondence in relation to any treatment or assessment recommended.*

#### **6. Steps or orders required to protect you and the children**

*Please indicate what steps or orders you believe the court should take or make in order to protect the safety of the child(ren) whose name(s) is/are given at the top of this form and/or yourself:*

## **7. Attending the Court**

*Please also indicate 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 provision).*

*Do you consider the court should give consideration to any special measures for you or any witnesses to give evidence at the hearing?*

Yes                      No

*If Yes, please explain why.*

Signed  
(Applicant/Respondent)

Date