

**FORM C1
APPLICATION FOR AN ORDER**

Children (Northern Ireland) Order 1995

Family Proceedings Rules (Northern Ireland) 1996: Rule 4.5

[In the High Court of Justice in Northern Ireland]

[In the Designated County Court for the Division of]

[In the Family Care Centre at]

Important Note: you should only answer question 6A if you are asking the court to make an Article 8 order

1 About you (the applicant)

State

- your title, full name, address, telephone number, date of birth and relationship to each child above
- your solicitor's name, address, reference, telephone, FAX and DX numbers

2 The child(ren) and the order(s) you are applying for

For each child state

- the full name, date of birth and sex
- the type of order(s) you are applying for (for example, residence order, contact order, supervision order, appointment of a guardian).

3 Other cases which concern the child(ren)

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

- a child whose name you have put in paragraph 2
- a full, half or step brother or sister of a child whose name you have put in paragraph 2
- a person in this case who is or has been, involved in caring for a child whose name you have put in paragraph 2

attach a copy of the relevant order and give

- the name of the court
- the name and panel address (if known) of the guardian ad litem, if appointed
- the name and contact address (if known) of the solicitor appointed for the child(ren)

4 The respondent(s)

Appendix 3

For each respondent state

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

5 Others to whom notice is to be given

Appendix 3

For each person state

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

6 The care of the child(ren)

For each child in paragraph 2 state

- the child's current address and how long the child has live 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)

6A 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 or through seeing or hearing any of the following:

- any form of domestic abuse
- violence within the household
- other conduct or behaviour
- ill treatment or another person

by any person who is or who has been involved in caring for the child(ren) or lives with, or has contact with the child(ren)?

Please tick which applies

_____ Yes _____ No

If you tick Yes, you must also fill in Supplemental Information Form (Form C1A). You can obtain a copy of this from a court office if one has not been enclosed with the papers served on you.

7 Social Services

For each child in paragraph 2 state

- whether the child is known to the Social Services
If so, give the name of the social worker and the address of the relevant Board or Trust
- whether the child is, or has been, on the Child Protection Register. If so, give the date of registration.

8 The education and health of the child(ren)

For each child state

- the name of the school, college or place of training which the child attends
- whether the child is in good health. Give details of any serious disabilities or ill health
- whether the child has any special needs

9 The parents of the child(ren)

For each child state

- the full name of the child's parents
- whether the parents are or have been married to each other or civil partners of each other
- whether the parents live together. If so, where
- whether to your knowledge either of the parents have been involved in any court case concerning a child. If so give the date and the name of the court

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

For any other child not already mentioned in the family (for example, a brother or a half sister) state

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

11 Other adults

State

- the full name of any other adults (for example lodgers) who live at the same address as any child named in paragraph 2
- 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 the date and the name of the court

12 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** give a full statement if you are applying for an order under Article 8 of the Children (Northern Ireland) Order 1995. You may be asked to provide a full statement later.
- **Do not** complete this section if this form is accompanied by a prescribed supplement

13 At the Court

State

- whether you will need an interpreter at court (parties are responsible for providing their own). If so, specify the language
- whether disabled facilities will be needed at Court.

Signed -----
(Applicant)

Date