FAMILY PROCEEDINGS COURT
FALKLAND ISLANDS

C1A - ALLEGATIONS OF HARM AND DOMESTIC VIOLENCE

(Supplemental information form)

If completing this form by hand, please use **black ink** and BLOCK CAPITAL LETTERS.

You are completing this form because there are allegations that the child(ren) listed in this form may have suffered or be at risk of suffering domestic abuse, violence/abuse.

"Domestic violence/abuse" means any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality.

The Children Ordinance 2014 defines the following terms as:

"Harm" means ill treatment or damage to health and development, including, for example, damage suffered from seeing or hearing the ill treatment of another.

"Development" means physical, intellectual, emotional, social or behavioural development.

"Health" means physical or mental health.

"Ill-treatment" includes sexual abuse and forms of ill-treatment which are not physical.

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

Your full name:

Gender ☐ Male ☐ Female

Are you the ☐ Applicant ☐ Respondent

Contact telephone number

Have you completed the form C8 (confidential contact details)? Please select

Full name(s) of child(ren):	**Date of Birth (dd/mm/yyyy)**	**Gender**	**Relationship to you**
		Please select	
		Please select	
		Please select	
		Please select	
		Please select	
		Please select	

Do you have a legal practitioner acting for you?

If yes please complete below, if no please move to section 2.

My Legal Practitioner's name is:

My Legal Practitioner's firm is:

My Legal Practitioner's address is (including postcode)

My Legal Practitioner's reference number is:

Section 2 - Details of domestic/violence

In this section outline the nature and frequency of the abuse experienced by you or the child(ren) and if this has led to any involvement with the police, social services, your doctor or any other outside agency(ies). (Provide details in the table on page 3).

Tick any of the following kinds of abuse that you or the child(ren) have experienced:

	Physical	Emotional	Psychological	Sexual	Financial
You	☐	☐	☐	☐	☐
Child(ren)	☐	☐	☐	☐	☐

Have you had or do you currently have any of the following orders and are they current?

	Date Issued (dd/mm/yyyy)	Length of Order	Current Yes/No	Name of Court
Matrimonial Injunction				
Domestic Violence Protection Notice/ Order				
Forced Marriage Protection Order				
Restraining Order				
Other injunctive order				
Undertaking in place of order				

If you have any copies of the above orders please attach them to this form

Give a short description of what happened and any relevant information so the court can decide what needs to be done.
There will be further opportunities to make a detailed statement.

	When did the behaviour start and how long did it continue? (Does not need to be exact date and indicate if abuse is ongoing)	Nature of behaviour/what happened	If you have sought help, please say who from	Did they do anything? If yes, what did they do?
1.				
2.				
3.				
4				
5.				

Section 3 - Abduction

Do you believe that the children are at risk of being abducted?

☐ Yes — If Yes, please complete this section

☐ No — If No, go to Section 4

Why do you believe the child(ren) may be abducted?

Have there been any previous threats, attempts to abduct or actual abduction of the child(ren)?

☐ Yes

☐ No

If Yes, please give details

Where is/are the child(ren) now?

Have Customs & Immigration/Government House been notified?

☐ Yes

☐ No

Do(es) the child(ren) have more than one passport?

☐ Yes

☐ No

Who is in possession of the child(ren)'s passport(s)?

☐ Mother

☐ Father

Other *(please give details below)*

Were the police in this and/or another country or any organisation or agency including any private investigators involved in any previous incident of attempted abduction or abduction?

☐ Yes

☐ No

If Yes, please give details

Section 4 - other concerns about your child(ren)

Do you have any other concerns about your child(ren)'s safety and wellbeing?

☐ Yes

☐ No

If Yes, please give details *(Do not give full statement, please provide a summary of your concerns. You may be asked to provide a full statement later).*

Section 5 - Steps or orders required to protect the safety and wellbeing

What steps or orders do you want the court to take or make to protect the safety of the child(ren) and/or yourself?

The different types of orders that can be applied for under section 12 of the Children Ordinance 2014 are as follows:

Residence: means an order settling the arrangements to be made as to the person with whom a child is to live

Contact: means an order requiring the person with whom a child lives, or is to live, to allow the child to visit or stay with the person named in the order, or for that person and the child otherwise to have contact with each other

Prohibited Steps: means an order that no step which could be taken by a parent in meeting the parent's parental responsibility for a child, and which is of a kind specified in the order, may be taken by any person without the consent of the court

Specific issue: this decides specific questions e.g. about education, medical treatment or a foreign holiday or visit where parents or those with parental responsibility cannot agree.

Do you agree to the child(ren) spending **unsupervised** time with the other person in receipt of this form?

☐ Yes
☐ No

Do you agree to the child(ren) spending **supervised** time with the other person in receipt of this form?

☐ Yes
☐ No

Do you agree to the child(ren) having other forms of contact with the other person in receipt of this form?
(by telephone, text, email, social media)

☐ Yes
☐ No

Section 6 - Statement of truth

**delete as applicable*

*[I believe] [The applicant/respondent believes] that the facts states in this application are true.

*I am duly authorised by the applicant/respondent to sign this statement.

Print full name

Name of Legal Practitioner's firm

Signed: Dated:

(Applicant) (Respondent) ('s Legal Practitioner)

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.

Section 7 - Attending court

Please indicate whether you intend to request any special arrangements to be made for you to attend court. The court will make every effort to meet these needs, subject to facilities available. Please telephone the court in advance of the hearing to clarify what arrangements can be made.

☐	Separate waiting rooms
☐	Separate exits & entrances
☐	Screens
☐	Video links
☐	Separate toilets
☐	Advance viewing of the court
☐	Interpreter
☐	A disability for which you require special assistance or special facilities
☐	A sign language signer
☐	Other (please specify)

Checklist

Before sending your forms to the court, please complete this checklist to confirm that you have enclosed the following items:

- ☐ If you are the applicant - for a section 12 order under the Children Ordinance 2014 C100 or if you are the respondent - C7 (Response to an application under the Children Ordinance 2014).
- ☐ If you are the applicant for any other order under the Children Ordinance 2014 - C1, or if you are the respondent - C7 (Response to an application under the Children Ordinance 2014).
- ☐ C8 (confidential contact details). Note: only attach this form if you want to withhold your contact details from the other party.
- ☐ Copies of any orders made by the court for your protection - see section 2.
- ☐ Any other written evidence which you are able to provide at this stage to support your allegations made in the table on page 3.