



FAMILY PROCEEDINGS COURT FALKLAND ISLANDS

APPLICATION FOR AN ORDER

Children Ordinance 2014

If you are applying for one of the following orders, or to vary or discharge one of the following:

- A contact order
- A residence order
- A prohibited steps order; and/or
- A specific issues order

you will need to use **Form C100**.

If you are applying for one of the following orders, or to vary or discharge one of the following:

- periodical payments order
- Lump sum payment order
- Property adjustment order
- Property settlement order

You will need to use **Form A1** (periodical payments only) or **Form A** (everything else).

If you are applying for a care or supervision order, you will need to use **Form C110A**.

The Head of Social Services, Falkland Islands Government, will carry out checks as it considers necessary.

Important Note

You should only answer question 7 if you are applying for a **Parental Responsibility Order**

To be completed by the court

Date issued:

Case number:

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

1. About you (the person completing this form known as ‘the applicant’)

If you do not wish your address or telephone number to be made known to the respondent, leave the address details blank and complete Confidential contact details **form C8**. You can get a copy of this form from the Court.

Please ensure that any documents submitted with this form or at a later date, do not include the confidential contact details you wish to withhold.

State:

- *your title, full name, address, telephone number, date of birth and relationship to each child above*
- *your legal practitioner’s name, address, reference, telephone and fax 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, Parental Responsibility Order).*

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 contact address (if known) of the children's guardian, if appointed*
 - *the name and contact address (if known) of the children and family reporter, if appointed*
 - *the name and contact address (if known) of the welfare officer, if appointed*
 - *the name and contact address (if known) of the legal practitioner appointed for the child(ren)*
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4. The respondent(s)

Family Procedure Rules 2010, SI 2010/2955, 12.3

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

Practice Direction 12c to the Family Procedure Rules 2010—Service of application in certain proceedings relating to children

For each person state:

- *the title, full name and address*
- *the date of birth (if known) or the 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 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).*

7. 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 (C1A). You can obtain a copy of this from the court office if one has not been enclosed with the papers served on you.

8. Social Services

For each child in paragraph 2state:

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

9. 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.*

10. 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 a court case concerning a child. If so, give the date and the name of the court.*
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11. The family of the child(ren) (other children)

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

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

12. 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.*

13. 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 if this form is accompanied by a supplementary form.
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Statement of Truth

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth with an honest belief in its truth.

I believe that the facts stated in this form and any continuation sheets are true.

The applicant believes that the facts stated in this form and any continuation sheets are true. **I am authorised** by the applicant to sign this statement.

Signed:

Applicant

Applicant's legal representative (as defined by FPR 2.3(1))

Dated:

Full name:

Name of Applicant's legal representative's firm:

If signing on behalf of firm or company give position or office held: