



FAMILY PROCEEDINGS COURT FALKLAND ISLANDS

C100 - SECTION 12 ORDER

Application for order under section 12 Children Ordinance 2014 or to vary or discharge or apply for leave to make a section 12 order

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

Full name of the applicant(s)

Full name of the respondent(s)

NATURE OF THE APPLICATION

What order(s) are you applying for?

Residence Order

Contact Order

Prohibited Steps Order

Specific Issues Order

Please specify the nature of the order you seek.
For example, an order about whom a child is to live, or how often they spend time with the applicant and for how long.

CONCERNS ABOUT RISK OF HARM

Are you alleging that the child(ren) named in section 1 of this form have experienced, or are at risk of experiencing, harm from any of the following by any person who has had contact with the child?

Any form of domestic violence Yes No

Child abduction Yes No

Child abuse Yes No

Drugs, alcohol or substance abuse Yes No

Other safety or welfare concerns Yes No

If you have answered Yes to any of the above, **you must complete form C1A** (Supplemental information form) **and file with this C100 form.**

ADDITIONAL INFORMATION REQUIRED

Are you asking for permission to make this application, where that is required? Yes No *If Yes, complete section 2a*

Is an urgent hearing or without notice hearing required? Yes No *If Yes, complete section 3a or 3b*

Are there previous or ongoing proceedings for the child(ren)? Yes No *If Yes, complete section 4*

Are you applying for an order to formalise an agreement (consent order)? Yes No *If Yes, attach the draft order to this form*

Is this a case with an international element or factors affecting litigation capacity? Yes No *If Yes, complete section 5 or 6*

Section 1 - The Child(ren)

Please also read the information notes and complete the checklist at the end of the form.

- Failure to complete every question or state if it does not apply, could delay the case, as the court will have to ask you to provide the additional information required.
- If there is not enough space please attach separate sheets clearly showing the details of the children, parties, question and page number they refer to.
- Social Services will carry out checks as it considers necessary.

SUMMARY OF CHILDREN'S DETAILS

Please list the name(s) of the child(ren) and the type(s) of order you are applying for, starting with the oldest.

| Child 1 -Full name of child | Date of birth (dd/mm/yyyy) | Gender | Order(s) applied for |
|------------------------------|-------------------------------|-------------------------------|----------------------|
| | | Male | |
| | Don't know | Female | |
| Relationship to applicant(s) | | Relationship to respondent(s) | |
| | | | |

| Child 2 -Full name of child | Date of birth (dd/mm/yyyy) | Gender | Order(s) applied for |
|------------------------------|-------------------------------|-------------------------------|----------------------|
| | | Male | |
| | Don't know | Female | |
| Relationship to applicant(s) | | Relationship to respondent(s) | |
| | | | |

| Child 3 -Full name of child | Date of birth (dd/mm/yyyy) | Gender | Order(s) applied for |
|------------------------------|-------------------------------|-------------------------------|----------------------|
| | | Male | |
| | Don't know | Female | |
| Relationship to applicant(s) | | Relationship to respondent(s) | |
| | | | |

| Child 4 -Full name of child | Date of birth (dd/mm/yyyy) | Gender | Order(s) applied for |
|------------------------------|-------------------------------|-------------------------------|----------------------|
| | | Male | |
| | Don't know | Female | |
| Relationship to applicant(s) | | Relationship to respondent(s) | |
| | | | |

| Child 5 -Full name of child | Date of birth (dd/mm/yyyy) | Gender | Order(s) applied for |
|------------------------------|-------------------------------|-------------------------------|----------------------|
| | | Male | |
| | Don't know | Female | |
| Relationship to applicant(s) | | Relationship to respondent(s) | |
| | | | |

| | | | |
|--|--------------|---------------|------------|
| 1a. Are any of the children known to social services? | Yes | No | Don't know |
| If Yes, please state which child and the name of the Social Worker (if known) | | | |
| 1b. Are any of the children the subject of a child protection plan? | Yes | No | Don't know |
| 1c. Do all the children have the same parents | Yes | No | Don't know |
| If Yes, what are the names of the parents? | | | |
| If No, please give details of each parent and their children involved in this application | | | |
| Please state everyone who has parental responsibility for each child and how they have parental responsibility (e.g. 'child's mother', 'child's father and was married to the mother when the child was born' etc) | | | |
| 1d. Who do the children currently live with? | Applicant(s) | Respondent(s) | Other |
| <p>If other, please give the full address of the child, the names of any adults living with the children and their relationship to or involvement with the child.</p> <p>If you do not wish this information to be made known to the Respondent, leave the details blank and complete Form C8 (confidential contact details)</p> | | | |

Section 2 - Why are you making this application?

| | | | | | | | | | |
|---|---|-----|--|--|------------------------------|--|--|--|--|
| Have you applied to the court for permission to make this application? | | Yes | | | No - permission not required | | | | |
| 2a. Reasons for permission if permission is required. | | | | | | | | | |
| 2b. Please give brief details: <ul style="list-style-type: none">• Any previous agreements (formal or informal) or parenting plans, and how they have broken down• Your reasons for bringing this application to the court• What you want the court to do• Reasons given by the respondent(s) for their actions in relation to this application | Do not give a full statement, please provide a summary of any relevant reasons. You may be asked to provide a full statement later. | | | | | | | | |

Section 3 - Urgent and without notice hearings

| | |
|---|--|
| | Complete this section if you have ticked the relevant box on the front of the form. |
| 3a. Urgent Hearings Set out the order(s)/directions sought | |
| Set out the reasons for urgency | |
| Proposed timetable | The application should be considered within hours/days |
| What efforts have you made to put each respondent on notice of the application? | |

Section 3 - Urgent and without notice hearings

| | | | | |
|---|--|--|----|--|
| | Complete this section if you have ticked the relevant box on the front of the form. | | | |
| <p>3b. Without notice hearing</p> <p>Set out the reasons for the application to be considered without notice. (This information is a requirement, a without notice hearing will not be directed without reason).</p> | | | | |
| Do you require a without notice hearing because it is not possible to give notice including abridged or informal notice? | Yes | | No | |
| If Yes, set out the reasons: | | | | |
| Do you require a without notice hearing because notice to a respondent will frustrate the order that is being applied for? | Yes | | No | |
| If Yes, set out the reasons: | | | | |

Section 4 - Other court cases which concern the child(ren) listed in Section 1

| | | | | |
|---|--|--------------------------|----------|----|
| | Complete this section if you have ticked the relevant box on the front of this form | | | |
| Additional details | | | | |
| Name(s) of the child(ren) | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| Name of the court where proceedings are heard | | | Case no: | |
| Types of proceedings if known - Please tick all that apply | Emergency Protection Order | <input type="checkbox"/> | Yes | No |
| | Supervision Order | <input type="checkbox"/> | Yes | No |
| | Care Order | <input type="checkbox"/> | Yes | No |
| | Child abduction | <input type="checkbox"/> | Yes | No |
| | A contact or residence order (Section 12 Children Ordinance) made within proceedings for a divorce or dissolution of a civil partnership | <input type="checkbox"/> | Yes | No |
| | A contact or residence order (Section 12 Children Ordinance) made in connection with an Adoption Order | <input type="checkbox"/> | Yes | No |
| | An order relating to child maintenance (Schedule 1 Children Ordinance 2014) | <input type="checkbox"/> | Yes | No |
| | A contact order | <input type="checkbox"/> | Yes | No |
| | A prohibited steps order | <input type="checkbox"/> | Yes | No |
| | A residence order | <input type="checkbox"/> | Yes | No |
| | A specific issue order | <input type="checkbox"/> | Yes | No |

Please tick if additional sheets are attached

PLEASE ATTACH A COPY OF ANY RELEVANT ORDER

Section 5 - Cases with an international element

Complete this section if you have ticked the relevant box on the front of this form

| | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|
| Do you have any reason to believe that any child, parent or potentially significant adult in the child(ren)'s life may be habitually resident in another state? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If Yes, please give details: | | | | | |
| | | | | | |
| Do you have any reason to believe that there may be an issue as to jurisdiction in this case? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If Yes, please give details | | | | | |
| | | | | | |
| Has a request been made or should a request been made to a Central Authority or other competent authority in a foreign state or a consular authority in England and Wales? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If Yes, please give details | | | | | |
| | | | | | |

Section 6 - Factors affecting ability to participate in proceedings

Complete this section if you have ticked the relevant box on the front of this form

| | | | | | |
|--|--|--|--|--|--|
| Please give details of any factors affecting litigation capacity | | | | | |
| Provide details of any referral to or assessment by Social Services together with the outcome | | | | | |
| Are you aware of any other factors which may affect the ability of the person concerned to take part in the proceedings? | | | | | |

Section 7 - Attending court

If you require an interpreter, you must tell the court now so that one can be arranged.

Do you or any of the parties require the court to appoint an interpreter or arrange any other assistance (e.g. sign language signer)?

Yes

No

If Yes, please give details:

Are you aware of whether an intermediary will be required?

Yes

No

If Yes, please give details

If attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?

Yes

No

If Yes, please give details

Please say whether there is a need for the court to make any special arrangements for you or any relevant children to attend court (e.g. providing you with a separate waiting room from the respondent or other security provisions).

Court staff may get in touch with you about the requirements

Section 8 - About you (the applicant(s))

Applicant 1(You)

Applicant 2 (if applicable)

| | | |
|--|--|--|
| Full names | | |
| Previous names <i>(if any)</i> | | |
| Gender | | |
| Date of birth | | |
| Place of birth (town/county/country) | | |
| IF YOU DO NOT WISH YOUR ADDRESS TO BE MADE KNOWN TO THE RESPONDENT, leave the details below blank and complete Confidential Contact Details (Form C8). Please ensure that any documents submitted with this form or at a later date, DO NOT disclose the confidential contact details you wish to withhold. | | |
| Address | | |
| Home telephone number | | |
| Mobile telephone number | | |
| Email address | | |

Section 9 - The respondent(s)

If there are more than 2 respondents please continue on a separate sheet

| | <u>Respondent 1</u> | <u>Respondent 2</u> |
|---|-------------------------------------|-------------------------------------|
| Full names | | |
| Previous names <i>(if known)</i> | | |
| Gender | | |
| Date of birth | | |
| | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know |
| Place of birth (town/county/country) | | |
| Address | | |
| | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know |
| Home telephone number | | |
| | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know |
| Mobile telephone number | | |
| | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know |
| Email address | | |
| | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know |

Section 10. Others who should be given notice

| | <u>Person 1</u> | <u>Person 2</u> |
|--|-------------------------------------|-------------------------------------|
| Full names | | |
| Previous names <i>(if known)</i> | | |
| Gender | | |
| Date of birth | | |
| | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know |
| Place of birth (town/county/country) | | |
| Address | | |
| | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know |
| Please state their relationship to the children listed on page 1. If their relationship is not the same to each child please state their relationship to each child. | | |

| | | | | |
|--|------------------------------|-------------------------------------|---------------------------------|--|
| 10a. Other children no part of the application. | Full name of child | Date of birth | Gender | |
| | | | <input type="checkbox"/> Male | |
| | | <input type="checkbox"/> Don't know | <input type="checkbox"/> Female | |
| | Relationship to applicant(s) | Relationship to respondent(s) | | |
| | | | | |

| | | | | |
|--|------------------------------|-------------------------------------|---------------------------------|--|
| | Full name of child | Date of birth | Gender | |
| | | | <input type="checkbox"/> Male | |
| | | <input type="checkbox"/> Don't know | <input type="checkbox"/> Female | |
| | Relationship to applicant(s) | Relationship to respondent(s) | | |
| | | | | |

| | | | | |
|--|------------------------------|-------------------------------------|---------------------------------|--|
| | Full name of child | Date of birth | Gender | |
| | | | <input type="checkbox"/> Male | |
| | | <input type="checkbox"/> Don't know | <input type="checkbox"/> Female | |
| | Relationship to applicant(s) | Relationship to respondent(s) | | |
| | | | | |

Section 11. Lawyer's details

| | | |
|--|--------------------------|--------------------------|
| Do you have a legal practitioner acting for you? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, please give the following details

Your legal practitioner's name:

Name of firm:

Address:

Telephone number:

Fax number:

DX number:

Legal practitioner's reference:

Email address:

Section 12 - Statement of truth

**delete as applicable* *~~[I believe]~~ [The applicant/respondent believes] that the facts stated 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.
