

Application for inherent jurisdiction order in relation to children

In the High Court of Justice Family Division
Principal Registry/District Registry.

To be completed by the court

Name of court

{ FORMTEXT }

Date issued

{ FORMTEXT }

Case number

{ FORMTEXT }

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Before completing this application please read the booklet '**CB1 – Making an application – Children and the Family Courts**'. You can get a copy of all the forms and leaflets from your local court or they can be found at www.hmcourts-service.gov.uk

Cafcass/CAFCASS CYMRU will carry out checks as it considers necessary.

Cafcass - Children and Family Court Advisory and Support Service (in England); CAFCASS CYMRU - Children and Family Court Advisory and Support Service Wales.

Summary of application

Your name (the applicant(s))

{ FORMTEXT }

The respondent's name(s)

{ FORMTEXT }

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

Name of child(ren)	Gender	Date of birth	Order(s) applied for.
{ FORMTEXT }	{ FORMTEXT }	{ { FOFO R R / MTMT / EXEX T } T }	{ FORMTEXT }
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Give details of any fixed hearing date or period?

{ FORMTEXT }

1. About you (the applicant)

Your first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Previous surnames (if any)

{ FORMTEXT }

Date of birth

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Gender { FORMCHECKBOX } Male
{ FORMCHECKBOX } Female

Place of birth
(town/county/country)

{ FORMTEXT }

If you do not wish your address to be made known to the respondent, leave the address details blank and complete Confidential Address Form C8. You can get a copy of this form from any family court office or from our website at hmctsformfinder.justice.gov.uk

Address

{ FORMTEXT }

Postcode

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Home telephone number

{ FORMTEXT }

Mobile telephone number

{ FORMTEXT }

Have you lived at this address
for more than 5 years?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If No, please provide details of all previous addresses you have lived at during the last 5 years.

{ FORMTEXT }

Your solicitor's details

Do you have a solicitor acting for you? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please give the following details

Your solicitor's name { FORMTEXT }

Name of firm { FORMTEXT }

Address { FORMTEXT }

Postcode

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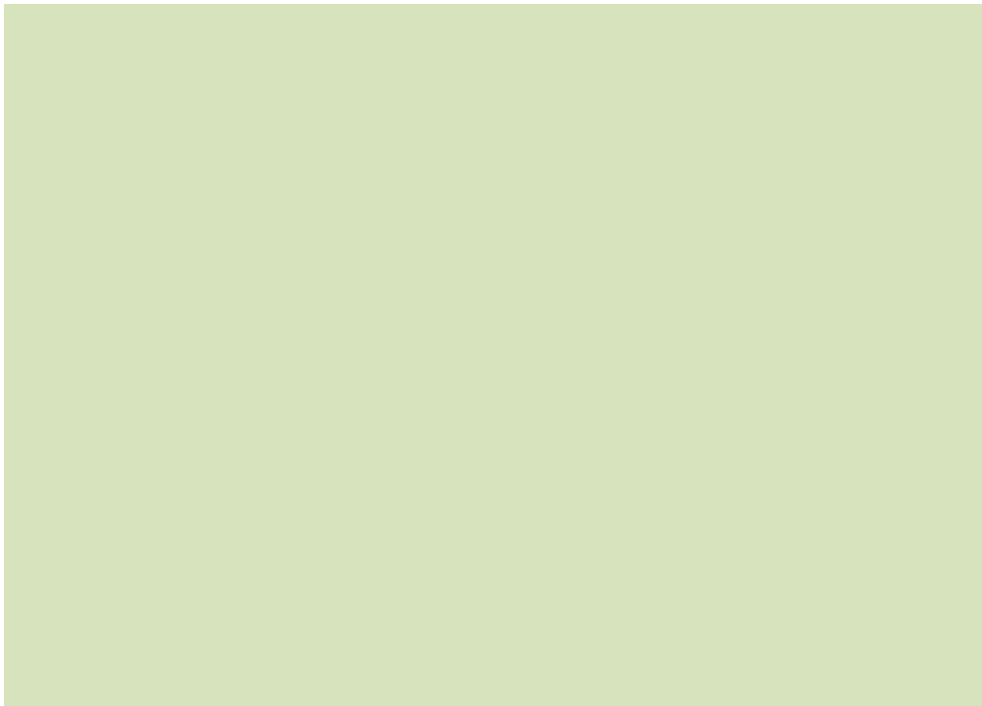
Telephone number { FORMTEXT }

Fax number { FORMTEXT }

DX number { FORMTEXT }

Solicitor's Reference { FORMTEXT }

Fee account no. { FORMTEXT }



2. The child(ren)

Please give details of the child(ren) and the order(s) you are applying for.
If there are more than 4 children please continue on a separate sheet.

Child 1

Child's first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Gender

{ FORMCHECKBOX } Male

{ FORMCHECKBOX } Female

Child 2

Child's first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Gender

{ FORMCHECKBOX } Male

{ FORMCHECKBOX } Female

Child 3

Child's first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Gender

{ FORMCHECKBOX } Male

{ FORMCHECKBOX } Female

Child 4

Child's first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Gender

{ FORMCHECKBOX } Male

{ FORMCHECKBOX } Female

Relationship to the child(ren)

Name of child	Relationship
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

If you do not wish the child's address to be made known to the respondent, leave the address details blank and complete Confidential contact details form C8.

Child(ren)'s address
(If known)

{ FORMTEXT }

Any other information about the child's whereabouts. If you do not know where the child is you must state this.

{ FORMTEXT }

Do you have any reason to believe that any child, parent or potentially significant adult in the child's life may be habitually resident in another state?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please give details

{ FORMTEXT }

3. About your application

What do you want the court to do?

Do not give a full statement, please provide a summary. You may be asked to provide a full statement later.

{ FORMTEXT }

4. Why are you making this application?

Please give brief details about why you are making this application including any facts you are relying on.

{ FORMTEXT }

Does your application include any issues under the Human Rights Act 1998?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No { FORMCHECKBOX } Don't know

5. Family mediation

Have you used family mediation to attempt to agree arrangements for your children?

{ FORMCHECKBOX }
Yes {
FORMCHECKBOX }
No

You can find your nearest family mediation service by visiting the government's website DirectGov (www.direct.gov.uk) and search using the words 'family mediation'. You will find a database of accredited family mediation services on the website

If you did not use mediation please explain why.

{ FORMTEXT }

6. Risk

Do you believe that the child(ren) named at Section 2 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 has had contact with the child?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please complete form C1A (Supplemental information form).

If Other, please give details

{ FORMTEXT }

7. Other court cases which concern the child(ren) listed at Section 2

Are you aware of any other court cases now, or at any time in the past, which concern any of the child(ren) at Section 2?

{ FORMCHECKBOX } Yes
order and

If Yes, please **attach a copy of any relevant**

give additional details below

{ FORMCHECKBOX } No

If No, please **go to Section 8**

Additional details

Name of child(ren)

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

Name of the court where proceedings heard

{ FORMTEXT }

Case no.

{ FORMTEXT }

Date/year (if known)

{ FORMTEXT }

Name of Cafcass/CAFCASS CYMRU officer

{ FORMTEXT }

If the above details are different for each child please provide details on additional sheets.

Type of proceedings if known - please tick all that apply

Emergency Protection Order

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

Supervision Order

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

Care Order

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

Child abduction

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

Family Law Act 1996 Part 4 (proceedings for non-molestation order or occupation order)

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

A contact or residence order (Section 8 Children Act 1989) made within proceedings for a divorce or dissolution of a civil partnership

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

A contact or residence order (Section 8 Children Act 1989) made in connection with an Adoption Order

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

An order relating to child maintenance (Schedule 1 Children Act 1989)

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

A child arrangements order (Section 8 Children Act 1989)

{ FORMCHECKBOX }

Yes { FORMCHECKBOX } No

{ FORMCHECKBOX }

Please tick if additional
sheets are attached.

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8. The respondents

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

Respondent 1

Respondent's first name

{ FORMTEXT }

Middle name(s)

{ FORMTEXT }

Surname

{ FORMTEXT }

Previous surnames (if known)

{ FORMTEXT }

Date of birth

Diagram illustrating the iterative process of the FOM algorithm. It shows three stages of matrix reduction. Stage 1: A 4x4 matrix with rows labeled F, R, M, E and columns labeled F, R, M, T. The top-left 2x2 block is highlighted in green. Stage 2: The matrix is reduced to a block upper triangular form. The top-left 2x2 block is zero, and the top-right 2x2 block is highlighted in green. Stage 3: The matrix is further reduced to a block upper triangular form. The top-left 2x2 block is zero, and the top-right 2x2 block is highlighted in green. The process is iterative, with the green block moving to the top-left position in each subsequent stage.

Gender { FORMCHECKBOX } Male
{ FORMCHECKBOX } Female

Place of birth
(town/county/country, if known)

{ FORMTEXT }

Address

{ FORMTEXT }

Postcode

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}	}	}	}	}	}	}	}

Have they lived at this address
for more than 5 years?

FORMCHECKBOX	Yes	No	Don't know
FORMCHECKBOX			

If No, please provide all previous addresses for the last 5 years below, if known.

{ FORMTEXT }

Relationship to the child(ren)

Name of child

Relationship

{ FORMTEXT }

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{ FORMTEXT }
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{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

Respondent 2

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

Gender { FORMCHECKBOX } Male
{ FORMCHECKBOX } Female

{ FORMTEXT }

{ FORMTEXT }

Postcode

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T	T	T	T	T	T	T	T
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}	}	}	}	}	}	}	}

FORMCHECKBOX	Yes	No	Don't know
FORMCHECKBOX			

{ FORMTEXT }

Name of child	Relationship
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

6. Statement of truth

(*Delete as appropriate)

Print full name

Signed

Date

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

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

{ FORMTEXT }

*(Applicant)(Legal Representative)(Applicant's solicitor)

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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.

6. Attending the court

If you require an interpreter, you must

Do you or any of the parties need an interpreter at court?

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

Please say 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 provisions).

ust tell the court now so that one can be arranged.

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please specify the language and dialect:

{ FORMTEXT }

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please say what the needs are

{ FORMTEXT }

{ FORMTEXT }

Court staff may get in touch with you about the requirements

continued over the page >

11. Documents to be attached

You **must** attach **one** of the following documents to this application for each child.

{ FORMCHECKBOX } a certified copy of a full birth certificate that gives details of the child's mother and father

or

{ FORMCHECKBOX } a certified copy of the entry in the Adopted Children's Register

or

{ FORMCHECKBOX } if neither is available, I request to the court to give directions at the first hearing as to proof of the child's birth

A full birth certificate shows surname, forenames, date of birth, sex, place of birth (where known), parent(s) name(s), their address and occupation at time of registration.

In urgent cases, the court may allow the application to be issued without the Birth Certificate, Certified entry in the Adopted Children's Register or directions as to the proof of the child's birth.

Please confirm when copies of the Certificate/entry to Adopted Children's Register/directions as to proof of the child's birth will be made available to the court

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To the respondent(s) (other than the child)

TAKE NOTICE that-

- (1) You must within 14 days of service of this application file in the court mentioned on the C6 Notice of proceedings a notice stating your address and the whereabouts of the child (or that you are unaware of the child's whereabouts if that is the case).
- (2) Unless the court directs otherwise you must serve a copy of that notice on the applicant.
- (3) If you subsequently change your address or become aware of any change in the child's whereabouts, you must, unless the court directs otherwise, file in the above-mentioned court notice of your new address or of the new whereabouts of the child, as the case may be, and serve a copy of that notice on the applicant.

Any notice required to be lodged in the above-mentioned court shall be sent to the court address or delivered to Family Division of the High Court, 1st Mezzanine, Queens Building, Royal Courts of Justice, Strand, London WC2A 2LL.

