

# Application for a care or supervision order and other orders under Part 4 of the Children Act 1989 or an Emergency Protection Order under section 44 of the Children Act 1989

## To be completed by the court

The family court sitting at

Case number

Date issued

Child(ren)'s name(s)

Fee charged

Name of applicant

Full name of respondent(s)

## Nature of application

What order(s) are you applying for? (tick all which apply)

**Care and supervision or other Part 4**

- Care
- Supervision
- Interim care order
- Interim supervision order
- Other (please specify)

**Emergency Protection Order**

- information on the whereabouts of the child[ren] (Section 48(1) Children Act 1989).
- authorisation for entry of premises (Section 48(3) Children Act 1989).
- authorisation to search for another child on the premises (Section 48(4) Children Act 1989).
- Other (please specify)

Is the Local Authority considering adoption?

- Yes     No

If Yes, please complete Section 7b

## Additional information required

Is an urgent hearing required?

- Yes     No    If Yes, complete Section 1

Is a without notice hearing required?

- Yes     No    If Yes, complete Section 2

Are there previous or ongoing proceedings for the child(ren)?

- Yes     No    If Yes, complete Section 3

Are there factors affecting litigation capacity?

- Yes     No    If Yes, complete Section 4

Is this a case with an international element?

- Yes     No    If Yes, complete Section 5

## Summary of children's details

Child 1 - Full name of child		Date of birth	Order(s) applied for (including interim orders)
		<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>	
		Is the child accommodated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If Yes, from what date?	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Name of mother	Name of father		Parental Responsibility
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 2 - Full name of child		Date of birth	Order(s) applied for (including interim orders)
		<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>	
		Is the child accommodated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If Yes, from what date?	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Name of mother	Name of father		Parental Responsibility
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 3 - Full name of child		Date of birth	Order(s) applied for (including interim orders)
		<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>	
		Is the child accommodated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If Yes, from what date?	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Name of mother	Name of father		Parental Responsibility
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4 - Full name of child		Date of birth	Order(s) applied for (including interim orders)
		<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>	
		Is the child accommodated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If Yes, from what date?	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Name of mother	Name of father		Parental Responsibility
			<input type="checkbox"/> Yes <input type="checkbox"/> No

# 1. Is the application for urgent consideration?

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

Is the urgent hearing for:  
(tick as required)

- Contested ICO
- EPO
- urgent preliminary Case Management Hearing

## Part A - All applications

Set out the order(s)/directions sought

Set out the reasons for urgency

## Proposed timetable

The application should be considered within  hours/days

If consideration is sought within 48 hours, you must complete the section below

What efforts have been made to put each respondent on notice of the application?

**If the application is for an Emergency Protection Order only, please complete B, C and D as appropriate**

**B – The grounds are**

Any applicant  that there is reasonable cause to believe that [this] [these] child[ren] [is] [are] likely to suffer significant harm if

or  the child[ren] [is] [are] not removed to accommodation provided by or on behalf of this applicant

or  the child[ren] [does] [do] not remain in the place where [the child] [they] [is] [are] currently being accommodated.

Local authority applicants  that enquiries are being made about the welfare of the child[ren] under Section 47(1)(b) of Children Act 1989 **and** those enquiries are being frustrated by access to the child[ren] being unreasonably refused to someone who is authorised to seek access **and** there is reasonable cause to believe that access to the child[ren] is required as a matter of urgency.

Authorised person applicants  that there is reasonable cause to suspect that the child[ren] [is] [are] suffering, or [is] [are] likely to suffer, significant harm **and** enquiries are being made with respect to the welfare of the child[ren] **and** those enquiries are being frustrated by access to the child[ren] being unreasonably refused to someone who is authorised to seek access **and** there is reasonable cause to believe that access to the child[ren] is required as a matter of urgency.

**C – The additional order(s) applied for**

information on the whereabouts of the child[ren] (Section 48(1) Children Act 1989).

authorisation for entry of premises (Section 48(3) Children Act 1989).

authorisation to search for another child on the premises (Section 48(4) Children Act 1989).

**D – The direction(s) sought**

contact with any named person (Section 44(6)(a) Children Act 1989).

a medical or psychiatric examination or other assessment of the child[ren] (Section 44(6)(b) Children Act 1989).

to be accompanied by a registered medical practitioner, registered nurse or registered midwife (Section 45(12) Children Act 1989).

an exclusion requirement (Section 44A(1) Children Act 1989).

## 2. Is the application for a without notice hearing?

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

Set out the order/directions sought

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)

Do you require a without notice hearing because it is not possible to give notice including abridged or informal notice?

Yes     No

If Yes, please set out reasons below

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, please set out reasons below

Other (please specify)

### 3. Previous or ongoing proceedings

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

Please give details (include name of child(ren), case no., date(s) of application, dates proceedings concluded, order made)

Please also provide the name of any children's guardian who has been involved in any previous or ongoing proceedings involving a child of one or both respondents

Is continuity of the children's guardian required?

Yes       No

If No, why not?

#### 4. 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 the Adult Learning Disability team, and/or any adult health service, where known, 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?

## 5. Cases with an international element

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?

Yes  No

If Yes, please give details

Do you have any reason to believe that there may be an issue as to jurisdiction in this case (for example under Brussels 2 revised)?

Yes  No

If Yes, please give details

Has a request been made or should a request be made to a Central Authority or other competent authority in a foreign state or a consular authority in England and Wales?

Yes  No

If Yes, please give details



## 6. Grounds for the application

The grounds for the application are that the child(ren) is suffering or is likely to suffer, significant harm and the harm or likelihood of harm is because the child is:

- not receiving care that would be reasonably expected from a parent
- beyond parental control

Set out in not more than the two following pages the threshold criteria relied upon

Continued from overleaf – Set out  
the threshold criteria relied upon

## 7. Plans for the child(ren)

### 7a. Please give a brief summary of the plans for the child(ren).

The summary must include any contact arrangements that are in place or are proposed.

What is the local authority's proposal including placement and support services and are there any requirements which the local authority wish the court to impose under Part 1 of Schedule 3 Children Act 1989?

It is not sufficient just to refer to or repeat the Care Plan.

**7b.** Having regard to s. 22 Adoption and Children Act 2002 is the local authority considering adoption?

Yes  No

Does the application for a placement order(s) accompany this application?

Yes  No

If not, why not and when will it be submitted?

Have you notified the relevant Central Authority or the competent authority in the foreign state in cases to which section 5 of this form applies?

Yes  No

## 8. Timetable for the child(ren)

The timetable for the child will be set by the court to take account of dates of the significant steps in the child's life that are likely to take place during the proceedings. Those steps include not only legal steps, but also social, care, health, education and developmental steps and any timetable for a case with an international element.

Please give any relevant dates/events in relation to the child(ren)

- it may be necessary to give different dates for each child.

Are you aware of any significant event in the timetable, before which the case should be concluded?

Yes  No

If Yes, please give a date

/  /

and give your reasons

By what date should the child(ren) be placed on a permanent basis?

Name of child

/  /

Name of child

/  /

Name of child

/  /

Name of child

/  /

Please give your reasons

## 9. Attending the court

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

Are you aware of whether an interpreter will be required?

Yes  No

If Yes, please specify the language and dialect:

Are you aware of whether an intermediary will be required?

Yes  No

If Yes, please give details

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

Yes  No

If Yes, please specify what the needs are:

Please state whether the court needs to make any special arrangements for the parties attending court (e.g. providing a separate waiting room or other security requirements).

Court staff may get in contact with you about the requirements

## 10. Allocation proposal

**Part 1** (To be completed by the applicant Local Authority on issue)

### Judicial continuity

Please give the following details of other proceedings:

Case number

Name of Judge

Date of last relevant order

Are proceedings finished or outstanding?

Finished  Outstanding

Applicant's allocation proposal

- Lay justices
- District Judge level
- Circuit Judge level
- DFJ/Section 9 sitting as a Judge of the High Court
- High Court Judge level

Set out the applicable paragraphs of the schedule to the President's Guidance on the distribution of business

**Part 2** (To be completed by the Court)

**Allocation decision in accordance with the Allocation Rules and the President's Guidance on the distribution of business**

- Lay justices
- District Judge level
- Circuit Judge level
- High Court Judge level

Listed for Case Management Hearing

Time

Date

Location of court

**or**

Name of Judge

**Allocated by**

District Judge

Legal Adviser

Date   /   /

## 11. Signature

Print full name

Your role/position held

The facts in this application are true to the best of my knowledge and belief and the opinions set out are my own.

Signed

Applicant

Date   /   /

## Details of parties – please complete this section in full

### The applicant

Name of applicant  
(local authority or authorised person)

Name of contact

Job title

Address

  
  

Postcode

Contact telephone number

Mobile telephone number

Fax number

Email

DX number

### Solicitor's details

Solicitor's name

Address

  
  

Postcode

Telephone number

Mobile telephone number

Fax number

Email

DX number

Solicitor's Reference

Fee account no.



## The respondents

### Respondent 1

Respondent's full name

Date of birth









Gender  Male  Female

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

Current address

  
  
  

Postcode

Telephone number

Relationship to the child(ren)

Name of child(ren)	Relationship	Parental Responsibility
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

### Respondent 2

Respondent's full name

Date of birth









Gender  Male  Female

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

Current address

  
  
  

Postcode

Telephone number

Relationship to the child(ren)

Name of child(ren)	Relationship	Parental Responsibility
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No



**Child 3**

Child's full name

Date of birth

 /  / 

Gender

Male

Female

Name of social worker and  
telephone number

If the child is not  
accommodated, who does the  
child live with?

At which address does  
the child live?

  
  

Postcode

**Child 4**

Child's full name

Date of birth

 /  / 

Gender

Male

Female

Name of social worker and  
telephone number

If the child is not  
accommodated, who does the  
child live with?

At which address does  
the child live?

  
  

Postcode

**If more than four children, continue on a separate sheet.**

## Others who should be given notice

### Person 1 ---

Person's full name

Date of birth


/


/





Gender

 Male

 Female

Address

Postcode

Relationship to the child(ren)

Name of child	Relationship	Parental Responsibility
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship to the respondents

Name of respondent	Relationship

### Person 2 ---

Person's full name

Date of birth


/


/





Gender

 Male

 Female

Address

Postcode

Relationship to the child(ren)

Name of child	Relationship	Parental Responsibility
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship to the respondents

Name of respondent	Relationship

# Annex Documents

This annex must be completed by the applicant with any application for a care, supervision or other Part 4 order.

The documents specified in this annex must be filed with the application if available.

If any relevant document is not filed with the application, the reason and any expected date of filing must be stated.

All documents filed with the application must be clearly marked with their title and numbered consecutively.

## 1. Social Work Chronology

(A succinct summary)

attached     to follow

If **to follow** please give reasons why not included and the date when the document will be sent to the court.

## 2. Social Work Statement and genogram

attached     to follow

If **to follow** please give reasons why not included and the date when the document will be sent to the court.

## 3. The current assessment relating to the child and/or the family and friends of the child to which the Social Work Statement refers and on which the local authority relies

attached     to follow

If **to follow** please give reasons why not included and the date when the document will be sent to the court.

## 4. Care plan

attached     to follow

If **to follow** please give reasons why not included and the date when the document will be sent to the court.

## 5. Index of checklist documents

attached     to follow

If **to follow** please give reasons why not included and the date when the document will be sent to the court.

# What to do once you have completed this form

## Ensure that you have:

- attached copies of any **annex** documents.
- signed** the form at Section 11.
- provided a **copy** of the application and attached documents for each of the respondents, and for Cafcass or CAFCASS CYMRU.
- given details of the additional children if there are more than four.
- given details of the additional respondents if there are more than two.
- the correct fee.

It is good practice to inform Cafcass or CAFCASS CYMRU that you are making this application. The court will expect the local authority to have informed Cafcass or CAFCASS CYMRU that proceedings are being issued.

**Have you notified** Cafcass - Children and Family Court Advisory and Support Service (for England)  
or  
CAFCASS CYMRU - Children and Family Court Advisory and Support Service Wales.

Yes       No

If Yes, please give the date of notification

/   /

**Now take or send your application with the correct fee and four copies to the court.**

**Please refer to the Family Proceedings Fees Order for the correct fee in respect of your application.**