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SCHEDULE

PART 2

C110

Application under the Children Act 1989 for a care or supervision order

To be completed by the court	
Name of court	
Date issued	
Case number	
Child(ren)'s name(s)	Child(ren)'s number(s)

Summary of application

Name of applicant

Name of respondent(s)

Child 1 - Name of child	Date of birth	Order(s) applied for (including interim orders)
	DD / MM / YYYY	
Name of mother	Name of father	Parental Responsibility <input type="checkbox"/> Yes <input type="checkbox"/> No

Child 2 - Name of child	Date of birth	Order(s) applied for (including interim orders)
	DD / MM / YYYY	
Name of mother	Name of father	Parental Responsibility <input type="checkbox"/> Yes <input type="checkbox"/> No

Child 3 - Name of child	Date of birth	Order(s) applied for (including interim orders)
	DD / MM / YYYY	
Name of mother	Name of father	Parental Responsibility <input type="checkbox"/> Yes <input type="checkbox"/> No

Child 4 - Name of child	Date of birth	Order(s) applied for (including interim orders)
	DD / MM / YYYY	
Name of mother	Name of father	Parental Responsibility <input type="checkbox"/> Yes <input type="checkbox"/> No

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1. 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

2

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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

Middle name(s)

Surname

Date of birth

Gender

Male

Female

Name of Social worker and telephone number

Is the child subject of a child protection plan?

Yes

No

Are there any health or disability issues relating to the child?

Yes

No

If Yes, please give details

Who does the child live with?

At which address does the child live?

Postcode

Please give the full names of any other adults living at the same address and their relationship to the child.

Are there any contact arrangements in place for this child?

Yes

No

If Yes, please give details

Name of person	Frequency of contact	Supervised contact
		<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

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Child 2

Child's first name

Middle name(s)

Surname

Date of birth /

Gender Male Female

Name of Social worker and telephone number

Is the child subject of a child protection plan? Yes No

Are there any health or disability issues relating to the child? Yes No

If Yes, please give details

Who does the child live with?

At which address does the child live?

Postcode

Please give the full names of any other adults living at the same address and their relationship to the child.

Are there any contact arrangements in place for this child? Yes No

If Yes, please give details

Name of person	Frequency of contact	Supervised contact
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Child 3

Child's first name

Middle name(s)

Surname

Date of birth /

Gender Male Female

Name of Social worker and telephone number

Is the child subject of a child protection plan? Yes No

Are there any health or disability issues relating to the child? Yes No

If Yes, please give details

Who does the child live with?

At which address does the child live?

Postcode

Please give the full names of any other adults living at the same address and their relationship to the child.

Are there any contact arrangements in place for this child? Yes No

If Yes, please give details

Name of person	Frequency of contact	Supervised contact
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Child 4

Child's first name

Middle name(s)

Surname

Date of birth

Gender

Male

Female

Name of Social worker and telephone number

Is the child subject of a child protection plan?

Yes

No

Are there any health or disability issues relating to the child?

Yes

No

If Yes, please give details

Who does the child live with?

At which address does the child live?

Postcode

Please give the full names of any other adults living at the same address and their relationship to the child.

Are there any contact arrangements in place for this child?

Yes

No

If Yes, please give details

Name of person	Frequency of contact	Supervised contact
		<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

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3. The respondents

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

Respondent 1

Respondent's first name

Middle name(s)

Surname

Date of birth

Gender

Male

Female

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

Current address

Postcode

Telephone number

Are you aware of any relevant family court proceedings involving the respondent?

Yes

No

If Yes, give details (include type of order, date, name of court and case no.)

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

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Respondent 2

Respondent's first name

Middle name(s)

Surname

Date of birth Gender Male Female

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

Current address
Postcode

Telephone number

Are you aware of any relevant family court proceedings involving the respondent? Yes No

If Yes, give details (include type of order, date, name of court and case no.)

Relationship to the child(ren)

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

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4. 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

5. Why are you making this application?

Please give a brief summary of why you are making this application. You should include:

- the background circumstances
- the precipitating circumstances

In this summary it is not sufficient just to refer to existing or future documents.

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6. Factors affecting ability to participate in proceedings

Do you have any reason to believe that any respondent or other person to be given notice of the application may lack capacity to conduct proceedings?

Yes No

If Yes, please give details

Provide details of any referral to or assessment by the Adult Learning Disability team, 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?

7. Plans for the child(ren)

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

• for supervision orders only, any requirements which you will invite the court to impose under Part 1 of Schedule 3 Children Act 1989

In this summary it is not sufficient just to refer to or repeat the Care Plan.

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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 and education steps.

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

9. Your allocation proposal

You need to provide the court with your proposal for allocation of this case.

Please select from the following:

- magistrates' court
 county court (Care Centre)
 High Court

and give your reasons

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10. Other court cases which concern the child(ren)

Are you aware of any other court cases, including cases concerning the children, which are relevant to this application?

- Yes
 No If No, **go to section 11**

If Yes, give details (include type of order, date, name of court and case no.) and in cases where the child was represented the name of any guardian and solicitor for the child.

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11. Others who should be given notice

Person 1

Person's first name

Middle name(s)

Surname

Date of birth Gender Male Female

Address

Postcode

Relationship to the child(ren)

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

Relationship to the respondents

Name of respondent	Relationship
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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Person 2

Person's first name

Middle name(s)

Surname

Date of birth / / Gender Male Female

Address
Postcode

Relationship to the child(ren)

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

Relationship to the respondents

Name of respondent	Relationship
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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12. Signature

Print full name

Your role/position held

Signed

Applicant

Date

13. 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:

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

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Annex

This annex must be completed by the applicant with any application for a care order or supervision 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. Initial Social Work Statement

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. Initial and Core Assessments

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. Letters Before Proceedings

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. Schedule of Proposed Findings

attached to follow

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

6. 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.

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What to do once you have completed this form

Ensure that you have:

- attached copies of any **relevant** documents.
- signed** the form at Section 12.
- 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 4 in Section 2.
- given details of the additional respondents if there are more than 2 in Section 3.
- 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 correct number of copies to the court.