SCHEDULE

PART 2

C110		To be completed by the court					
Application under the Children Act 1989 for a							
care or supervision order		Date issued					
-		Case number					
		Child(ren)'s name(s	s)	Child(ren)'s nur	nber(s	;)
Summary of application							
Name of applicant							
Name of respondent(s)							
Child 1 - Name of child	Date of b	irth	Order(s) appli (including inte	ed for trim or	tersi		
	DD/	м м / ү ү ү				0000000	
Name of mother	Name of	(ather			Parental Re	sponsi	blizy
					Yes		No
Child 2 - Name of child	Date of b	irth	Order(s) appli (including inte	ed for Erim ord	ters)		
	DD/	м м / ү ү ү					
Name of mother	Name of	father			Parental Re	spansi	blity
					Yes		No
Child 3 - Name of child	Date of b	irth	Order(s) appli (including inte	ed for anim ore	Jers)		
	D D/	м м / ү ү ү					
Name of mother	Name of	father	1		Parental Re	spord	
					Yes		No
Child 4 · Name of child	Date of b	irth	Order(s) appli (including inte	ed for erim or	lers)		
	D D/	м м / ү ү ү					
Name of mother	Name of				Parental Re	sponsi	bley
					Yes		No

C110 Application under the Children Act 1989 for a care or supervision order (04.10)

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1. The applicant		
Name of applicant (local authority or authorised person)		
Name of contact		
Job title		
4.dd		
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	

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's first name							
Middle name(s)							
widdle flame(s)							
Surname							
Date of birth	D D / M	M/YYY	Y	Gender	Male	F	emale
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.							
address and their relationship to the child.	Yes	No					
ddress and their relationship to he child. re there any contact arrangements	If Yes, plea	se give detai	ls				
ddress and their relationship to he child. re there any contact arrangements		se give detai	ls	Frequenc	y of contact		
ddress and their relationship to he child. re there any contact arrangements	If Yes, plea	se give detai	ls	Frequenc	y of contact	Yes	No
address and their relationship to he child. re there any contact arrangements	If Yes, plea	se give detai	ls	Frequenc	y of contact	Yes Yes	No No
address and their relationship to the child. we there any contact arrangements	If Yes, plea	se give detai	ls	Frequenc	y of contact	Yes	No

child 2			
Child's first name			
Middle name(s)			
Surname			
Date of birth	D D / M M / Y Y Y Y	Gender Male	Female
Date of birth	0071111111	GenderMaie	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.	Postcode		
other adults living at the same address and their relationship to he child.	Postcode		
ther adults living at the same ddress and their relationship to	Yes No		
ther adults living at the same ddress and their relationship to he child.	Yes No	Frequency of contact	Supervised contact
ther adults living at the same ddress and their relationship to he child. e there any contact arrangements	Yes No	Frequency of contact	Supervised contact
ther adults living at the same ddress and their relationship to he child.	Yes No	Frequency of contact	
other adults living at the same address and their relationship to he child.	Yes No	Frequency of contact S	Yes No

nild 3			
Child's first name			
Middle name(s)			
6			
Surname			
Date of birth	DD/MM/YYYY	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		
ther adults living at the same ddress and their relationship to			
ther adults living at the same ddress and their relationship to			
ther adults living at the same ddress and their relationship to the child.	Yes No		
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lease give the full names of any ther adults living at the same ddress and their relationship to he child. The there any contact arrangements in place for this child?	If Yes, please give details		Yes No

hild 4		
Child's first name		
Middle name(s)		
Surname		
Date of birth	D D / M M / Y Y Y Gender Male Female	2
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.		
re there any contact arrangements in place for this child?	Yes No	
arplace for una cullu:	If Yes, please give details	
	Name of person Frequency of contact Supervised con	tact
	Yes	No
	6	

	If there are more than 2 respondents please continue on a separate sheet.
lespondent 1	
Respondent's first name	
Middle name(s)	
Surname	
Date of birth	D D / M M / Y Y Y 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
involving the respondent:	If Yes, give details (include type of order, date, name of court and case no.)
involving the respondent:	If Yes, give details (include type of order, date, name of court and case no.)
Relationship to the child(ren)	If Yes, give details (include type of order, date, name of court and case no.)
	Name of child(ren) Relationship Parental Responsibilit
	Name of child(ren) Relationship Yes No Yes No
	Name of child(ren) Relationship Parental Responsibility

Respondent's first name Middle name(s) Surname Date of birth Date of birth Dot / M M / Y Y Y Gender Male Female Place of birth Postcode Current address Postcode Telephone number Postcode 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.) If Yes, give details (include type of order, date, name of court and case no.) Relationship to the child(ren) Nome of child(ren) Postcode Note	Respondent's first name Middle name(s) Surname Date of birth Date of birth Date of birth Place of birth Place of birth Current address Postcode Telephone number Postcode Are you aware of any relevant family court proceedings involving the respondent? Yes Relationship to the child(ren) No Relationship to the child(ren) Nome of childron Personal Yes Yes No Yes No If Yes, give details (include type of order, date, name of court and case no.) Yes No Yes No If Yes, give details (include type of order, date, name of court and case no.) Yes No Yes No If Yes, give details (include type of order, date, name of court and case no.) Yes No Yes No	Middle name(s) Surname Date of birth Place of birth Postcode Postcode<					
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Yes No	Yes No Yes No Yes No Yes No Yes No	Yes Yes Yes Yes Yes Yes Yes					
Yes No	Yes No	Yes Yes	ponsibility	Parental Respo	Relationship	me af child(ren)	Relationship to the child(ren)
	Yes No	Yes	No	Yes			
	Yes No	Yes	No	Yes			
Yes No			No	Yes			
			No	Var			
	Yes	Yes		Yes	smattionship	ne a chilairen:	relationship to the child(ren)
				Vor			

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4. Grounds for the application	n
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 a	oplication?
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.
	9

To you have any reason to believe	
at any respondent or other	Yes No
erson to be given notice of the pplication may lack capacity to	Yes No
onduct proceedings?	
	If Yes, please give details
koulde details of any referral to or	
Provide details of any referral to or assessment by the Adult Learning	
Disability team, together with the	
outcome	
re you aware of any other factors	
which may affect the ability of the person concerned to take part in	
he proceedings?	
7. Plans for the child(ren)	
, Plans for the child(ren)	
Nease give a brief summary of the	
rease give a brief summary of the	In this summary it is not sufficient just to refer to or repeat the Care Plan.
plans for the child(ren).	In this summary it is not sufficient just to refer to or repeat the Care Plan.
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 lans for the child(ren). for supervision orders only, any requirements which you will invite the court to impose under Part 1 	
 lans for the child(ren). for supervision orders only, any requirements which you will invite the court to impose under Part 1 	

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 D D / M M / Y Y Y
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	
	11



1. Others who should be given notice							
Person's first name Middle name(s) Surname Date of birth Address Postcode Postcode Image: Strain of the child(ren) Neelationship to the child(ren) Name of respondents Name of respondent Name of respondent Relationship to the respondents	1. Others who should be given the should be given a should be given by the should be given	ven notice					
Person's first name	-						
Middle name(s) Sumame Date of birth Address Relationship to the child(ren) Relationship to the respondents Relationship to the respondents							
Sumame Date of birth Address Relationship to the child(ren)	Person's first name						
Date of birth Address Postcode	Middle name(s)						
Address Postcode Relationship to the child(ren) Name of child Relationship Relationship to the respondents Name of respondent Relationship	Surname						
Relationship to the child(ren) Nerre of child Relationship to the child(ren) Relationship to the respondents Nerre of respondent Relationship to the respondent	Date of birth	D D / M M / Y Y Y	Ger	nder 🗌 I	Male	Female	
Relationship to the child(ren) Neme of child Relationship to the child(ren) Relationship to the respondents Neme of respondent Relationship	Address						
Relationship to the child(ren) Name of child Relationship Parental Response Image: State of the child in the respondents Image: State of the respondent in th	Address						
Relationship to the child(ren) Name of child Relationship Parental Response Image: State of the child in the child i							
Relationship to the respondents Name of respondent Relationship Name of respondent Relationship		Postcode					
Relationship to the respondents Name of respondent Relationship Name of respondent Relationship	Relationship to the child(ren)	Name of child		Relationship	P	arental Resp	ensibility
Relationship to the respondents Name of respondent Relationship					0	Yes	No
Relationship to the respondents Name of respondent Relationship					[Yes	No
Relationship to the respondents Name of respondent Relationship					[No
						Yes	No
	Relationship to the respondents	Name of respondent					
13							

erson 2			
Person's first name			
Middle name(s)			
Surname			
Date of birth	D D / M M / Y Y Y Y	Gender Male	Female
Address			
	Postcode		
Relationship to the child(ren)	Name of child	Relationship	Parental Responsibility
			Yes No
			Yes No
			Yes No
Relationship to the respondents	Name of respondent	Relationship	
	14		

12. Signature	
Print full name Your role/position held Signed Date	Applicant D D / M M / Y Y Y
13. Attending the court	
-	ou must tell the court now so that one can be arranged.
Are you aware of whether an interpreter will be required?	Yes No
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
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
	continued over the page 🕬

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	attached to follow
(A succinct summary)	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
2. India Social Work Statement	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
5. Schedule of Proposed Fillings	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.

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.

No Yes

If Yes, please give the date of notification

D D / M M / Y Y Y	Y	
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Now take or send your application with the correct fee and correct number of copies to the court.