In the Royal Court of Jersey

	Family Division	Form C100 File number:
Private law application for an Artic an order for leave to remove a chil change of a child's name		
(Before completing this Form page 1) You can get a copy of all the Forwww.g	•	
The Jersey Family Court Advisory considers necessary.	y Service (JFCAS) will c	arry out checks as it
Summary of application		
Some people need permission to apchart 'Who can apply for orders with		Procedural Guide and
Have you applied to the court for permission to make this application?	Yes Permission	not required
Your name (the applicant(s))		
The respondent's name(s)		
Please list the name(s) of the child(restarting with the oldest.	en) and the type(s) of order	r you are applying for,
Child 1 – Full name of Child Date of	of Birth Gender Ord Male / Female	ler(s) applied for
Relationship to applicant(s)	Relationship to r	respondent(s)

Child 2 – Full name of Chil	d Da	ate of	Birth	G	ender	Or	der(s) ap	pplied:	for
		_		Ц	Male	」	_		
		/	/	Ш	Female				
Relationship to applicant(s)				R	elations	nip to	respond	lent(s)	
Child 3 – Full name of Chil	d Da	ate of	Birth	G	ender	Or	der(s) ap	oplied:	for
		/	/		Male Female	_			
Relationship to applicant(s)		/	/	R	elations		resnond	lent(s)	
Relationship to appream(s)				17	Clations	.11p to	гозроне		
If there are more than three Please tick if additional						on a s	separate	e sheet	•
1. About you (the ap	plica	nt(s)))						
·	Appl	icant	1 (You)		Appl	icant 2 (if appl	icable)
Full Names									
Previous names (if any)									
Gender	M	ale		Fer	nale	M	ale	F	emale
Date of Birth									
Place of Birth (town/country/country)									
	be m do n	ade k ot wi	nown to	to t	the respo	ondent belov	, leave v blank	the de	details to tails you complete
Address									
Postcode									
Home telephone number									
Mobile telephone number									

E-mail address		
Have you lived at this address for more than 5 years?	Yes No	Yes No
	If No, please provide deta you have lived at for the la	ils of all previous addresses ast 5 years.
* Please note that we req Please continue on a sepa	uire all addresses for the prograte sheet if necessary.	evious 5 years.
Please tick if addition	al sheets are attached.	
—		
_	s)	
2. The Respondent(s	If there are more than 2 response separate sheet.	ondents please continue on a
_	If there are more than 2 response	ondents please continue on a Respondent 2
_	If there are more than 2 response separate sheet.	
2. The Respondent(s	If there are more than 2 response separate sheet.	
2. The Respondent(s Full Names Previous names	If there are more than 2 response separate sheet. Respondent 1	
Full Names Previous names (if known)	If there are more than 2 response separate sheet. Respondent 1	Respondent 2
Full Names Previous names (if known) Gender	If there are more than 2 response separate sheet. Respondent 1	Respondent 2
Full Names Previous names (if known) Gender Date of Birth Place of Birth	If there are more than 2 response separate sheet. Respondent 1	Respondent 2

D l.		
Postcode		
Home telephone number		
Mobile telephone number		
E-mail address		
Have they lived at this address for more than 5 years?	Yes No Don't know	Yes No Don't know
		ils of all previous addresses v (if known, including the most recent).
* Please note that we req Please continue on a sepa	uire all addresses for the pro	evious 5 years.
Please tick if additional	•	
3. Others who shoul	d be given notice	
There may be other people someone who cares for the		our application, for example,
	Person 1	Person 2
Full Names		
Previous names (if known)		

Gender	Male	Female	Male	Female
Date of Birth (if known)				
Place of Birth (if known) (town/county/country)				
Address				
Postcode				
Please state their relationship to the children listed in Section 1. If their relationship is not the same to each child please state their relationship to each child.				
4. Legal representat	ion details			
4. Legal representat Do you have an advocate o		ng for you?	Yes	☐ No
	r solicitor acti	ng for you? e give the follo	<u> </u>	☐ No
	r solicitor acti		<u> </u>	□ No
Do you have an advocate o	r solicitor acti		<u> </u>	□ No
Do you have an advocate o Advocate's/Solicitor's Name	r solicitor acti		<u> </u>	□ No
Do you have an advocate o Advocate's/Solicitor's Name	r solicitor acti		<u> </u>	□ No
Do you have an advocate o Advocate's/Solicitor's Name Name of firm	r solicitor acti		<u> </u>	□ No

Fax number	
E-mail address	
5. The Child(ren)	
Does the child/Do any of the have any disability or speci	
	If Yes, please give details:
Are any of the children known to the Children's Service?	Yes Don't know
If Yes, please state which child(ren) and the name(s) of the social worker(s) (if known)	
Are the names of any of the children on the Child Protection Register?	Yes (state which) No Don't know
Do all the children share the same parents? If Yes, what are the names of the parents?	Yes No
If No, please identify the parents for each child named 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.)	
With whom do each of	Applicant(s)
the children currently live?	Respondent(s)
	Other
If Other, please give the full address of the child(ren), the names of any adults living with the child(ren) and their relationship to or involvement with the child(ren)	
If you do not wish this information to be made	
known to the Respondent, leave the details blank	
and complete Confidential contact details form C14	
6. Why are you mak	ing this application?
 Please give brief details: any previous agreements (formal or informal), and how they have broken down 	Do not give a full statement, please provide a summary of any relevant grounds and reasons. You may be asked to provide a full statement later.

 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 			
7 Agreements about	wasidanaa s	and/an ag	anta at?
Have you received a copy of the 'Parenting Plan: Putting your children first: A guide for separating parents' booklet?	Yes Yes	No	If No, you can get a copy free of charge from the Judicial Greffe
Have you attended mediation?	Yes	No	
Please give the following details: If you attended mediation information/assessment meeting, what was the outcome? If you attended full mediation sessions, what was the outcome? If you did not attend mediation, please explain why? Would you be willing to attend?			
Have you been on the 'Children in Mind' course?	Yes	☐ No	
• If you have not, what was the reason?			

8. Risk					
Do you believe that any of the children listed in Section 1 have	any form of violence	domestic at	ouse/	Yes	☐ No
experienced or are at risk of experiencing harm	child abduc	tion		Yes	No No
from any of the following by any person who has	child abuse			Yes	No No
had or may have contact with the child(ren) or who	drugs, alcol	nol or substa	nce abuse	Yes	No No
is or has been involved in caring for the child(ren)?	other safety	or welfare o	concerns	Yes	No
Has there been Police, Child or any other support service					es No on't know
If you answered Yes to any due course.	of the above	, you will be	e asked to	provide furth	er details in
9. Other court cases Section 1	which co	ncern the	child(r	en) listed	in
Are you aware of any other now, or at any time in the process of the child(removed) Section 1?	ast, which	Yes	(and pro	olease give de ovide copies o n your possess	f any
		No	If No, p	lease go to Se	ection 10
Details Name of child(ren)					
Details of Case(s)					
D. A. Joseph C. C. Company					
Date/year (if known)					
		ve details ar etails on add		t for each ch leets.	ild, please
Please tick if additiona	al sheets are	attached.			

10. Attending the	court	
If you require an inter	preter, you mus	st tell the court
Do you or any of the parties need an interpreter at court?		Yes No
1		If yes, please specify the language:
If attending court, do yo parties involved have a	disability for	Yes No
which you require spec special facilities?	ial assistance or	If Yes, please say what the needs are:
11 Ctatament		
11. Statement		
	* I, the applicanthis application	at, honestly believe that the facts stated in are true.
* Delete as appropriate	* I am duly auth	norised by the applicant to sign this statement.
Print full name	Tuili daily dati	ionised by the approant to sign this statement.
Signed		Dated
	Applicant	
Name of applicant lawyer's firm		
Position or office held		
(If signing on behalf of firm or company)		
Signed		Dated
	Applicant's lav	vyer
What to do now		
Check you have atta	ched copies of ar	ny relevant orders (as per Section 9)
Has Form C14 been	attached (if appli	icable – relating to confidential contact

 details)?
Check you have completed and signed Section 11.
You must provide a copy of the application and attached documents for each of the respondents and one for JFCAS.
Check you have included dates of birth for all parties (if known) and children.
Are there any additional sheets attached?
If you have included additional sheets, you must add the names of the parties and children at the top of the page, and details of the questions and page number that the additional sheets relate to.
Check you have attached the payment receipt. For details of the fee and how to pay, either contact the Judicial Greffe by telephone on 441300, or see the Family Court fee page: https://www.courts.je/courts/family-court/about-the-family-court/family-court-fees/
Now take or send your application with the correct fee and correct number of copies to the court.