

In the Royal Court of Jersey

Family Division

Form C1

Full Names of Child(ren)	
(1)	(4)
(2)	(5)
(3)	(6)

1 About you (the applicant) please state

Title (Miss/Mr/Mrs)	Full Name and Address	Telephone No:	Date of Birth (dd/mm/yyyy)	Relationship to each child above
Your Advocate or Solicitor's name and address				

2 The Child(ren) and the order(s) you are applying for – For each child state

Full Name	Date of Birth (dd/mm/yyyy)	Sex (Male/Female)	
		Male	Female
		Male	Female
		Male	Female
		Male	Female

Application for an Order

The type of order(s) you are applying for (for example, residence order, contact order supervision order)		
Residence Order	Specific Issues Order	
Contact Order	Prohibited Steps Order	
Supervision Order		

3 Other cases which concern the child(ren)

If there have ever been, or there are pending, any Court cases which concern	
A child whose name you have put in paragraph 2	No Yes
A full, half or step brother or sister of a child whose name you have put in paragraph 2	No Yes
A person in this case who is or has been, involved in caring for a child whose name you have put in paragraph 2.	No Yes
Attach a copy of the relevant Order and give	
The name of the Court	
The name and address (if known) of the <i>guardian ad litem</i> if appointed	
The name and address (if known) of the Court welfare officer, if appointed	
The name and contact address (if known) of the advocate appointed for the child(ren)	

4 The respondent(s) for each respondent state

Title (Miss/Mr/Mrs)	Full Name and Address	Date of Birth (if known)	Relationship to each Child
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Application for an Order

		or age	

5 Others to whom notice is to be given, for each person state

Title (Miss/Mr/Mrs)	Full Name and Address	Date of Birth (if known) or age	Relationship to each Child

6 The care of the Child(ren), for each child in paragraph 2 state

The child's current address and how long the child has lived there.	
Whether it is the child's usual address and who cares for the child there.	
The child's relationship to the other children (if any)	

7 Children's Service, for each child in paragraph 2 state

Whether the child is known to the Children's Service. If so, give the name of the child care officer concerned	
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Application for an Order

(if known) state whether the child is on the Child Protection Register. If so, give the date of registration.	
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8 The education and health of the child(ren), for each child state

The name of the school, college or place of training which the child attends.	
Whether the child is in good health. Give details of any serious disabilities or ill health.	
Whether the child has any special needs	

9 The parents of the child(ren), for each child state

Full name of the child's mother and father	
Whether the parents are, or have been, married to each other	
Whether the parents live together. If so, where	
Whether, to your knowledge, either of the parents has been involved in a Court case concerning a child. If so, give the date and the name of the Court.	

10 The family of the child(ren) (other children)

For any other child not already mentioned in the family (for example, a brother or a half sister) state			
Title	Full Name and Address	Date of Birth	The Relationship of the

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(Miss/Mr/Mrs)		(if known) or age	child to you

11 Other adults, state

The full name of any other adults (for example, lodgers) who live at the same address as any child named in paragraph 2.	
Whether they live there all the time.	
Whether, to your knowledge, the adult has been involved in a court case concerning a child. If so, give the date and the name of the Court.	

12 Your reason(s) for applying and any plans for the child(ren)

State briefly your reasons for applying and what you want the Court to order	
Do not give a full statement if you are applying for an order under Article 10 of the Children (Jersey) Law 2002. You may be asked to provide a full statement later.	
Do not complete this section if this Form is accompanied by any of the supplemental Form C3 to C13	

13 At the Court, state

Whether you will need an interpreter at Court	No	Yes
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(parties are responsible for providing their own). If so, specify the language.	
Whether disabled facilities will be needed at Court	No Yes
Signed (Applicant)	Date (dd/mm/yyyy)