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## SCHEDULE

Rule 10

### PART 1

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#### Application for an order

Form C1

*Children Act 1989 except care and supervision orders, Section 8 orders and orders related to enforcement of a contact order.*

If you are applying for a section 8 order or an order related to enforcement of a contact order you will need to use a different application form (Form C100 for Section 8 orders and Form C79 for enforcement). Booklet 'CB1 - Making an application - children and the family courts' gives more information. You can get a copy from your local court or you can download a copy from our website at [www.hmcourts-service.gov.uk](http://www.hmcourts-service.gov.uk).

If you are applying for a care or supervision order, you will need to use Form C110, which is available at [www.hmcourts-service.gov.uk](http://www.hmcourts-service.gov.uk).

**Cafcass/CAFCASS CYMRU will carry out checks as it considers necessary.**

Cafcass - Children and Family Court Advisory and Support Service (in England); CAFCASS CYMRU - Children and Family Court Advisory and Support Service Wales.

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

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#### Important Note

You should only answer question 7 if you are applying for a **Parental Responsibility Order**.

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#### 1 About you (the person completing this form known as 'the applicant')

State:

- your title, full name, address, telephone number, date of birth and relationship to each child above
- your solicitor's name, address, reference, telephone, FAX and DX numbers.

#### 2 The child(ren) and the order(s) you are applying for

For each child state:

- the full name, date of birth and sex
- the type of order(s) you are applying for (for example, Parental Responsibility Order).

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### **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*
- *a full, half or step brother or sister of a child whose name you have put in paragraph 2*
- *a person in this case who is or has been, involved in caring for a child whose name you have put in paragraph 2*

*attach a copy of the relevant order and give:*

- *the name of the court*
- *the name and contact address (if known) of the children's guardian, if appointed*
- *the name and contact address (if known) of the children and family reporter, if appointed*
- *the name and contact address (if known) of the welfare officer, if appointed*
- *the name and contact address (if known) of the solicitor appointed for the child(ren).*

### **4 The respondent(s)**

*Appendix 3 Family Proceedings Rules 1991; Schedule 2 Family Proceedings Courts (Children Act 1989) Rules 1991*

*For each respondent state:*

- *the title, full name and address*
- *the date of birth (if known) or the age*
- *the relationship to each child.*

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## 5 Others to whom notice is to be given

*Appendix 3 Family Proceedings Rules 1991; Schedule 2 Family Proceedings Courts (Children Act 1989) Rules 1991*

*For each person state:*

- *the title, full name and address*
- *the date of birth (if known) or the age*
- *the 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 Domestic abuse, violence or harm

*Do you believe that the child(ren) named above have suffered or are at risk of suffering any harm from any of the following:*

- *any form of domestic abuse*
- *violence within the household*
- *child abduction*
- *other conduct or behaviour*

*by any person who is or has been involved in caring for the child(ren) or lives with, or has contact with, the child(ren)?*

*Please tick the box which applies*      Yes      No  
     

***If you tick the Yes box, you must also fill in Supplemental Information Form (form CIA). You can obtain a copy of this from a court office if one has not been enclosed with the papers served on you.***

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## 8 Social Services

For each child in paragraph 2 state:

- whether the child is known to the Social Services. If so, give the name of the social worker and the address of the Social Services department.
- whether the child is, or has been, on the Child Protection Register. If so, give details of registration.

## 9 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.

## 10 The parents of the child(ren)

For each child state:

- the full name of the child's parents
- whether the parents are, or have been, married to each other or civil partners of each other
- whether the parents live together. If so, where.
- whether, to your knowledge, either of the parents have been involved in a court case concerning a child. If so, give the date and the name of the court.

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## 11 The family of the child(ren) (other children)

*For any other child not already mentioned in the family (for example, a brother or half sister) state:*

- *the full name and address*
- *the date of birth (if known) or age*
- *the relationship of the child to you.*

## 12 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.*

## 13 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** complete this section if this form is accompanied by a supplementary form.

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**14 Attending the court**

State:

- whether you will need an interpreter at court. If so, please indicate what language and dialect you will use. If you require an interpreter you must notify the court immediately so that one can be arranged.
- whether you have a disability for which you require special assistance or special facilities. If so, please say what your needs are. The court staff will get in touch with you about your requirements.

**15 Parenting Information – Arrangements after Separation**

	Yes	No
Have you received a Parenting Plan booklet? <i>(If No, you may obtain a copy from a court office, a citizen's advice bureau or other family advice service.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you agreed to a Parenting Plan? <i>(If Yes, please include a copy of the Plan when you send your application to the court)</i>	<input type="checkbox"/>	<input type="checkbox"/>
If you did agree a Parenting Plan, has the Plan broken down?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please explain briefly why the Plan broke down –		

Signed  
(Applicant)

Date

CI

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## 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)	<input type="text"/>
Name of contact	<input type="text"/>
Job title	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Contact telephone number	<input type="text"/>
Mobile telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email	<input type="text"/>
DX number	<input type="text"/>
<b>Solicitor's details</b>	
Solicitor's name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Mobile telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email	<input type="text"/>
DX number	<input type="text"/>
Solicitor's Reference	<input type="text"/>



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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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<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="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 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="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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#### 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).**

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

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



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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.**