

Application for an order under Part 4 of the Children and Young Persons Act 2001 (Care Orders and Supervision Orders)

For Court use only	
Case number:	CAP20 /
Date of issue	
Child(ren)'s name(s)	Child(ren)'s number(s)

Summary of application

Name of applicant	Manx Care
Name(s) of respondent(s)	
Name(s) of noticed parties	

Child 1	Name of child	Date of birth	Order(s) applied for (including interim orders)

		Parental Responsibility	
Name of mother		<input type="checkbox"/> yes	<input type="checkbox"/> no
Name of father/other parent		<input type="checkbox"/> yes	<input type="checkbox"/> no

Child 2	Name of child	Date of birth	Order(s) applied for (including interim orders)

		Parental Responsibility	
Name of mother		<input type="checkbox"/> yes	<input type="checkbox"/> no
Name of father/other parent		<input type="checkbox"/> yes	<input type="checkbox"/> no

Child 3	Name of child	Date of birth	Order(s) applied for (including interim orders)

		Parental Responsibility	
Name of mother		<input type="checkbox"/> yes	<input type="checkbox"/> no
Name of father/other parent		<input type="checkbox"/> yes	<input type="checkbox"/> no

Child 4	Name of child	Date of birth	Order(s) applied for (including interim orders)

		Parental Responsibility	
Name of mother		<input type="checkbox"/> yes	<input type="checkbox"/> no
Name of father/other parent		<input type="checkbox"/> yes	<input type="checkbox"/> no

1. The Applicant

Name of applicant

Manx Care

Name of advocate

Name of social worker(s)

Applicant's details

Name of contact

Job title

Address

Murray House
Mount Havelock
Douglas
Isle of Man

Postcode

I M 1

2 S F

Contact telephone number

Mobile telephone number

Email

Advocate's details

Firm

Address

Postcode

Contact telephone number

Mobile telephone number

Fax number

Email

Social Worker's details

Contact telephone number

Mobile telephone number

Email

2. The Respondents

If there are more than 2 respondents, 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

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

3. The Child(ren)

Please give details of the child(ren) and the order(s) you are applying for.
If there is more than 1 child, continue on a separate sheet(s).

Child 1

Child's first name

Middle name(s)

Surname

Date of birth / /

Gender Male Female

Place of birth of child

Name of Social worker and telephone number

Is the child subject to a child protection plan? yes no

Is the child voluntarily accommodated? yes no

Is the child subject to an Emergency Protection Order? yes no

Are there any health or disability issues relating to the child? yes no

If Yes, please give details

With whom does the child live?

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

3. The Child(ren)

Please give details of the child(ren) and the order(s) you are applying for.

Child 2

Child's first name

Middle name(s)

Surname

Date of birth / /

Gender Male Female

Place of birth of child

Name of Social worker and telephone number

Is the child subject to a child protection plan? yes no

Is the child voluntarily accommodated? yes no

Is the child subject to an Emergency Protection Order? yes no

Are there any health or disability issues relating to the child? yes no

If Yes, please give details

With whom does the child live?

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

3. The Child(ren)

Please give details of the child(ren) and the order(s) you are applying for.

Child 3

Child's first name

Middle name(s)

Surname

Date of birth / /

Gender Male Female

Place of birth of child

Name of Social worker and telephone number

Is the child subject to a child protection plan? yes no

Is the child voluntarily accommodated? yes no

Is the child subject to an Emergency Protection Order? yes no

Are there any health or disability issues relating to the child? yes no

If Yes, please give details

With whom does the child live?

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

3. The Child(ren)

Please give details of the child(ren) and the order(s) you are applying for.

Child 4

Child's first name

Middle name(s)

Surname

Date of birth / /

Gender Male Female

Place of birth of child

Name of Social worker and telephone number

Is the child subject to a child protection plan? yes no

Is the child voluntarily accommodated? yes no

Is the child subject to an Emergency Protection Order? yes no

Are there any health or disability issues relating to the child? yes no

If Yes, please give details

With whom does the child live?

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

4. Others who should be given notice

Attorney General's Chambers

Contact name

Address

 Postcode

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(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

Relationship to the respondents	Name of respondent	Relationship

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(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

Relationship to the respondents	Name of respondent	Relationship

Are you aware of any current or previous family court proceedings involving the child or children of one or both respondents?

yes no

If Yes, give details (including name of child(ren), case no., date(s) of application, dates proceedings)

Please also provide the name of any children's guardian ad litem who has been involved in any previous proceedings involving a child of one or both respondents

Is continuity of the children's guardian ad litem preferred?

yes no

5. Other siblings not subject to the application

Please give names and ages of any other siblings who are not subject to the application

6. *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

7. *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.

8. 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

[Empty text box for details]

Provide details of any referral to or assessment by an Adult Learning Disability team, and/or any adult health service, where known, together with outcome

[Empty text box for details]

Are you aware of any other factors which may affect the ability of the person concerned to take part in the proceedings?

[Empty text box for details]

9. 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.

In this brief summary, it is not sufficient just to refer to or repeat the Care Plan. It must include, but is not limited to, details of:

- a) residence
- b) contact
- c) planned imminent changes
- d) education
- e) specific views expressed by child (if any)

[Large empty text box for summary]

10. 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, education and developmental 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

11. Signature

Print full name

Your role/position held

Signed

applicant

Date

 / /

12. 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 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 arrangements).

Courts staff may get in contact with you about the requirements.

continued over the page ⇨

Annex Documents

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 court.

2. Social Work Statement and genogram

attached to follow

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

3. The current assessment relating to the child and/or the family and friends of the child to which the Social Work Statement refers and on which the respondent relies

attached to follow

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

4. Threshold statement

attached to follow

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

5. Care plan

attached to follow

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

What to do once you have completed this form

Ensure that you have:

- attached copies of any **annexed** documents.

- signed** the form at Section 10

- provided a **copy** of the application and attached documents for each of the respondents

- given details of the additional children if there are more than one in Section 3.

- given details of the additional respondents if there are more than two in Section 4

Now take or send your application, with 4 copies, to the court at:

Summary Courts
Deemsters Walk
Bucks Road
Douglas
Isle of Man
IM1 3AR