

IN THE COURT OF SUMMARY JURISDICTION OF THE ISLE OF MAN

Section 11 Children and Young Persons Act 2001

Case number:

HB/

APPLICATION FOR AN ORDER	
Between	
	Applicant
and	
	Respondent

The full name(s) of the child(ren):		
Forenames	Surname	To be completed by the court
		Date Issued:
		Case Number:

1. About you (the applicant)

- **State your title, full name, address, telephone number, date of birth, place of birth and relationship to each child above**
- **Your advocate's name address, reference, telephone, FAX and DX numbers**

Title		Advocate Details
Full Name		
Address		
Telephone No.		
Date of Birth		Advocate fax no.
Place of Birth		Advocate's ref no.

	Relationship to applicant
Child 1	
Child 2	
Child 3	
Child 4	

2. The Child(ren) and the order(s) you are applying for

For each child state:-

- **the full name, date of birth, place of birth and sex**
- **the type of order(s) you are applying for (for example, residence order, contact order, prohibited steps order, specific question order).**

Child 1		
Forename	Surname	Gender
Place of birth	Date of birth (dd/mm/yy)	
Type of Order		

Child 2		

Child 3		

Child 4		

3. Other cases which concern the child(ren)

Have there ever been, or there are pending, any court cases which concern:

A child whose name you have put in paragraph 2 [Yes] or [No]

A full, half or step brother or sister of a child whose name you have put in paragraph 2 [Yes] or [No]

A person in this case who is or has been, involved in caring for a child whose name you have put in paragraph 2 [Yes] or [No]

Attach a copy of the relevant order and give:

- **the name of the court**
- **the name and address (if known) of the guardian ad litem, if appointed**
- **the name and contact 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)**

Name of the Court	
Name and address of guardian ad litem, if appointed	name
	address
Name and address of court welfare officer, if appointed	
Name and address of advocate appointed for the child(ren)	

4. The respondent(s)**For each respondent state:-**

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

Title (e.g. Mr, Mrs, Ms)	
Full Name	
Address	
Date of Birth	
Place of Birth	

	Relationship to Respondent
Child 1	
Child 2	
Child 3	
Child 4	

5. Others to whom notice is to be given

For each person state

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

Title	
Full Name	
Address	
Date of Birth	
Place of Birth	
Child 1 relationship	
Child 2 relationship	
Child 3 relationship	
Child 4 relationship	

Title	
Full Name	
Address	
Date of Birth	
Place of Birth	
Child 1	
Child 2	
Child 3	
Child 4	

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)**

Child 1

Current address Is this the child’s usual address?
 [Yes] or [No]

How long has the child lived there? Who cares for the child there?

	Relationship to Child 1
Child 2	
Child 3	
Child 4	

Child 2

Current address Is this the child’s usual address?
 [Yes] or [No]

How long has the child lived there? Who cares for the child there?

	Relationship to Child 2
Child 1	
Child 3	
Child 4	

Child 3									
Current address	<div style="border: 1px solid black; width: 250px; height: 50px; display: inline-block;"></div> <div style="margin-left: 20px;">Is this the child's usual address? [Yes] or [No]</div>								
How long has the child lived there?	<div style="border: 1px solid black; width: 100px; height: 30px; display: inline-block;"></div> <div style="margin-left: 20px;">Who cares for the child there?</div> <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th>Relationship to Child 3</th> </tr> </thead> <tbody> <tr> <td>Child 1</td> <td></td> </tr> <tr> <td>Child 2</td> <td></td> </tr> <tr> <td>Child 4</td> <td></td> </tr> </tbody> </table>			Relationship to Child 3	Child 1		Child 2		Child 4	
	Relationship to Child 3								
Child 1									
Child 2									
Child 4									
Child 4									
Current address	<div style="border: 1px solid black; width: 250px; height: 50px; display: inline-block;"></div> <div style="margin-left: 20px;">Is this the child's usual address? [Yes] or [No]</div>								
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	Relationship to Child 4								
Child 1									
Child 2									
Child 3									

7. Social Services**For each child in paragraph 2 state**

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

Child 1	
Is the child known to Social Services?	[Yes] or [No]
Social Worker	
Has the child ever been on the Child Protection Register?	[Yes] or [No]
Date of Registration	

Child 2	
Is the child known to Social Services?	[Yes] or [No]
Social Worker	
Has the child ever been on the Child Protection Register?	[Yes] or [No]
Date of Registration	

Child 3	
Is the child known to Social Services?	[Yes] or [No]
Social Worker	
Has the child ever been on the Child Protection Register?	[Yes] or [No]
Date of Registration	

Child 4	
Is the child known to Social Services?	[Yes] or [No]
Social Worker	
Has the child ever been on the Child Protection Register?	[Yes] or [No]
Date of Registration	

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**

Child 1

School, college or place of training attended by child.

Does the child have any special educational needs? Yes No

If yes please give details

Is the child in good health? Yes No

Please give details of any serious disabilities or ill health.

Child 2

School, college or place of training attended by child.

Does the child have any special educational needs? Yes No

If yes please give details

Is the child in good health? Yes No

Please give details of any serious disabilities or ill health.

Child 3

School, college or place of training attended by child.

Does the child have any special educational needs? Yes No

If yes please give details

Is the child in good health? Yes No

Please give details of any serious disabilities or ill health.

Child 4

School, college or place of training attended by child.

Does the child have any special educational needs? Yes No

If yes please give details

Is the child in good health? Yes No

Please give details of any serious disabilities or ill health.

9. The parents of the child(ren)

For each child state:

- **the 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 have been involved in a court case concerning a child. If so, give the date and name of the court.**

Child 1

Mother’s name	
Father’s name	

Are the parents married to each other, or have they been in the past? Yes No

Do the parents live together? Yes No	If so, where? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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To your knowledge, has either of the parents been involved in a court case concerning a child? Yes No

If so, please give date and name of the court		
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Child 2

Mother’s name	
Father’s name	

Are the parents married to each other, or have they been in the past? Yes No

Do the parents live together? Yes No	If so, where? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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To your knowledge, has either of the parents been involved in a court case concerning a child? Yes No

If so, please give date and name of the court		
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Child 3	
Mother's name	
Father's name	
Are the parents married to each other, or have they been in the past? Yes No	
Do the parents live together? Yes No	If so, where? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
To your knowledge, have either of the parents been involved in a court case concerning a child? Yes No	
If so, please give date and name of the court	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Child 4	
Mother's name	
Father's name	
Are the parents married to each other, or have they been in the past? Yes No	
Do the parents live together? Yes No	If so, where? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
To your knowledge, have either of the parents been involved in a court case concerning a child? Yes No	
If so, please give date and name of the court	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

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:

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

Full Name	
Address	
Date of Birth	
Place of Birth	
Relationship to Applicant	

Full Name	
Address	
Date of Birth	
Place of Birth	
Relationship to Applicant	

Full Name	
Address	
Date of Birth	
Place of Birth	
Relationship to Applicant	

13. Risk

Do you believe that any of the children named in paragraph 2 have suffered, or are at risk of suffering, any harm from any of the following:

- Any form of domestic abuse;
- Violence within the household;
- Other conduct or behaviour by any person who has had contact with the child

Note – “harm” includes damage suffered from seeing or hearing the ill treatment of another.

If so, please give a brief summary. You will be asked to give further details if the Court thinks it is relevant to the issues the Court has to decide.

14. Mediation

Please state:

- **whether you have used family mediation to attempt to agree arrangements for your child(ren)**
- **brief details about the outcome of the family mediation**
- **any reasons for not using mediation**

Have you used family mediation to attempt to agree arrangements for your child(ren)?

[Yes] or [No]

Please give brief details about the outcome of the family mediation:

If you did not use mediation, please explain why:

15. At the court

- **State whether you will need an interpreter at court (parties are responsible for providing their own). If so, specify the language**
- **Whether disabled facilities will be needed at court.**

Will you need an interpreter at court? [Yes] or [No]

If so, please specify language

Will disabled facilities be needed at court? [Yes] or [No]

Please specify details

16. Declaration

I declare that the information I have given is correct and complete to the best of my knowledge

Signed

Date

Applicant

IN THE COURT OF SUMMARY JURISDICTION OF THE ISLE OF MAN

Case number:

HB/

Notice of Proceedings

Hearing

Directions Appointment

has applied to the Court for an Order

The application concerns the following child(ren)

Full name(s) of child(ren)	Child(ren)'s date(s) of birth

About the [Hearing] [Directions Appointment]

You should attend when the Court hears the application at Isle of Man Courts of Justice, Deemsters Walk, Douglas, Isle of Man

On	
At	a.m. p.m.
The hearing is estimated to last	

What to do next

There is a copy of the application with this Notice. You have been named as a party in the application. Read the application now and the notes overleaf.

When you go to Court please take this Notice with you and show it to a court official.

About this Notice

Note 1	At the hearing or directions appointment	You will be able to tell the Court about any special needs or circumstances of the child(ren)
Note 2	If Form HBC2 (Acknowledgement) is enclosed	You must fill it in and return it to the court as soon as possible, and serve a copy on the other parties
Note 3	For legal advice	<p>Go to an advocate. The Public Office at the Isle of Man Courts of Justice can provide you with a list of practising advocates. Names and addresses of advocates can be obtained from the Yellow Pages of the Isle of Man Telephone Directory.</p> <p>An advocate will be able to tell you whether you may be eligible for legal aid or you may contact the Legal Aid Office at the Isle of Man Courts of Justice. (Telephone: (01624) 685977)</p>

APPLICATION FOR AN ORDER

IN THE COURT OF SUMMARY JURISDICTION OF THE ISLE OF MAN

ACKNOWLEDGEMENT

Between

	Applicant
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and

	Respondent
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The full name(s) of the child(ren)

Child(ren)'s date(s) of birth

The full name(s) of the child(ren)	Child(ren)'s date(s) of birth

Date of	Hearing	Directions Appointment	
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What you (the person receiving this form) should do

- Answer the following questions
- If you need more space for an answer use a separate sheet of paper. Please put your full name, case number and the child(ren)'s date(s) of birth at the top
- When you have answered the questions make copies of all pages of this form. You will need a copy for the Applicant and each party named in Part 5 of Form HBC1.
- Post, or hand, a copy to the applicant and to each party. Then post, or take, this form, and the Statement of Means if you filled one in, to the court at the address below. You must do this **within 14 days** of the date when you were given the Notice of Proceedings, or of the postmark on the envelope if the Notice of Proceedings was posted to you.

Summary Court
 Isle of Man Courts of Justice
 Deemsters' Walk
 Douglas
 Isle of Man
 IM1 3AR

The Court office is open
 from 9:00 to 5:00pm
 on Monday to Thursday
 and 9:00 to 4:30pm
 on Friday

Telephone: (01624) 685473
 FAX: (01624) 685236

APPLICATION FOR AN ORDER

1. About you

Title	
Full Name	
Address	
Tel. No.	
Date of Birth	

2. About your Advocate

If you do not have an advocate put **None**.
(But see note 3 of the Notice of Proceedings which was served on you)

Title	
Full Name	
Address	
Tel. No.	
Fax No.	
DX No.	

3. Address to which letters and other Papers should be sent	
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4. The application was received on	
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APPLICATION FOR AN ORDER

5. Do you oppose the application?	[Yes] or [No]
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6. Do you intend to apply to the Court for an order?	[Yes] or [No]
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7. Will you require an interpreter at court? Note: If you require an interpreter you must bring your own	[Yes] or [No]
If so, please specify language	

Signed (Respondent)

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