**THIS FORM IS FOR LAWYERS’ USE ONLY**

If you are self-represented and wish to apply for a Care of Children Act 2004 Order, you will need to use the Care of Children Act form generator, found here:

<https://www2.justice.govt.nz/careofchildrenform/>

**REMOVE THIS PAGE BEFORE FILING**

|  |
| --- |
| **Information Sheet** |
| In the Family Court at: |  | FAM- |  |
| This information sheet accompanies applications for the following order(s): |
| 1.  | 2. |
| Applicant’s Full Name |  |
| \* Home Address |  | Post Code: |  |
| \* Work Address |  | \*EmailAddress |  |
| \* Contact Phone No | Home:  |  | Work: |  | Mobile: |  |
| Date of Birth |  | Age |  | Gender |  | Occupation |  |
| Ethnic Origin | New Zealand European [ ]  Māori [ ]  Samoan [ ]  Cook Island Māori [ ]  Tongan [ ]  Niuean [ ]  Chinese [ ]  Indian [ ]  Other [ ]  (Dutch, Japanese, Tokelauan, etc) Please state:  |
| \* Country of Residence |  | Interpreter required: **Yes/No** | Language: |  |
| \* The applicant may delete these items from copies to be served |
| Full name of other party |  |
| Relationship to Applicant |  |
| Home Address |  | Post Code: |  |
| Work Address |  |  Email Address  |  |
| Contact Phone No | Home:  |  | Work: |  | Mobile: |  |
| Date of Birth |  | Age |  | Gender |  | Occupation |  |
| Ethnic Origin | New Zealand European [ ]  Māori [ ]  Samoan [ ]  Cook Island Māori [ ]  Tongan [ ]  Niuean [ ]  Chinese [ ]  Indian [ ]  Other [ ]  (Dutch, Japanese, Tokelauan, etc) Please state:  |
| Country of Residence |  | Interpreter required: **Yes/No** | Language: |  |
| Date of marriage or civil union |  | Place of marriage or civil union |  |
| Date when the de facto relationship started |  | When did the relationship end |  |
| Children Affected by the Application: |
| Full name of each child | Age | Date of Birth | M/F | Name of person with whom each child is living at the time of application, and the relationship (if any) of that person to the child | Relationship of Applicant to child | Relationship of Respondent to child | Ethnic Origin (please choose one from list above) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Provide details of -** |
| Previous applications: |  |
| Existing orders between the parties: |  |
| Existing orders relating to any child: |  |

**IN THE FAMILY COURT**

**AT [*insert registry*]**

 **FAM [*insert FAM number*]**

  **[*insert name of Applicant*]**

  **Applicant**

  **[*insert name of Respondent*]**

 **Respondent**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  APPLICATION FOR [*specify order sought under Care of Children*

# *Act 2004 and if the order is filed on notice or without notice*]

Dated this [*date*] day of [*month*] [*year*] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presented for filing by: [*insert lawyer’s name, address and contact details*]

APPLICATION FOR [*specify order sought*]

I, [*name of Applicant*] apply [on notice/*without notice*] for a [*specify order*] in respect of the following child(ren):

[*specify child’s full name and date of birth*].

This application is made on the grounds that:

……………………………………….

[*name of Applicant*] – Applicant

Date: [*enter date*]

To: The Registrar, Family Court, [*registry*]

IN THE FAMILY COURT

AT [*Registry*]

FAM [*insert number*]

**[*name of applicant*]** of

*[LOCATION*], [*OCCUPATION*]

**Applicant**

**[*NAME OF RESPONDENT*]** of

[*LOCATION*], [*OCCUPATION*]

**Respondent**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**affidavit of APPLICANT in support of [on notice/*WITHOUT NOTICE***

***IF APPLICABLE*] application for [*SPECIFY ORDER(S)*]**

Sworn/Affirmed [*DATE*]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FILED BY: [*LAWYER’S NAME, ADDRESS CONTACT DETAILS*]

I, [*NAME OF APPLICANT*] of [*Region*], [*Occupation*], swear/ affirm that:

SWORN/AFFIRMED at by the said )

**[*Applicant*]**  )
on )

Before:

A Solicitor of the High Court of New Zealand