

Joint Application to Make a New Parenting Order by Consent



The purpose of this form

Use this form if you and **all** other 'interested parties' (any parent, guardian, person named on an existing Order or has care and/or contact responsibilities of the child(ren)) have reached agreement about arrangements for day to day care and/or contact of the child(ren) and you want the court to make a Parenting Order by consent.

Who should fill in this form?

This form must be completed by **all** 'interested parties'. The person(s) asking for the order(s) are the applicant(s) and the person(s) consenting to the application being made are the respondent(s).

If one or more of the 'interested parties' does not consent to all of the issues or will not sign the form, you will need to file an Application to make a new Order instead. You can get the forms from the court or on our website:

www.justice.govt.nz/family

Important information

The Judge who reads this application must be satisfied that the Order will be in the welfare and best interests of the child(ren) and that the child(ren) have had an opportunity to be heard where appropriate. If they are not satisfied that they can make the Order on this or any other basis they may request further information or appoint a lawyer to represent the child(ren).

Filling in the forms

When filling in your forms, they must be:

- Clearly written.
- Filled out in a **BLUE** or **BLACK** ballpoint pen.
- Written in printed letters only.

Put a line through mistakes like this ~~ABC~~. If you cross anything out, please write your initials in the right-hand margin to show it was done by you. **Do not** use correction fluid or tape.

How to file this form

- Each page should be printed on one side of the paper only.
- The original (with the original signatures) must be filed with the Court.
- You must attach any exhibits or other relevant documentation to this form when filing it.
- You must keep a copy for yourself.
- File your documents at your local Family Court, by post or courier, or by taking them to the counter.

Swearing/Affirming your form

When you have filled in your form you need to take it and any attachments to an 'authorised person' to be sworn or affirmed. This is someone who is authorised to administer oaths and affirmations – that is any: Registrar or Deputy Registrar of the Court, Justice of the Peace or lawyer (other than a lawyer involved in this case). Remember that your and the authorised person's initials should be put in the box provided. All 'interested parties' must swear or affirm this form.



Please note:

1. It is a crime to intentionally mislead the Court in a sworn or affirmed document.
2. You cannot make any changes to the document once it has been sworn or affirmed as true.

Fees/waivers

There is **\$220 filing fee to pay** if you are applying for a new or to vary (change) a Parenting Order.

You can go to the Family Court counter to pay the fee. Please do not send cash through the post. If paying the fee will cause you financial hardship, you may be able to have the fee waived (cancelled). To find out more about fee waivers or to talk through your options, visit the Family Justice website www.justice.govt.nz/family, visit your local Family Court or call 0800 2AGREE (0800 224 733).

More information

If you need any more information or help please visit the Family Justice website www.justice.govt.nz/family, visit your local Family Court or call 0800 2AGREE (0800 224 733). You may also be entitled to legal assistance from a family lawyer.



Please note:

You must complete all parts of this form or it may not be accepted by the Court.

Joint Application to Make a New Parenting Order by Consent



In the Family Court at *(Court location)*

FAM



Applicants full name(s)



Respondents full name(s)



The following Parenting Order(s) are to be made by consent

- Make a new order - s48 Remove an existing Order - s56(1)(a) and make a new Order - s48

Document filed by

REGISTRY USE ONLY:
Date document is filed: (Date stamp)



The consented Order(s) sought are in respect of the following child(ren)

Child 1

Full name of child

Date of birth

Age

Gender

Who is the child currently living with and what is that person's relationship to the child?

Child 2

Full name of child

Date of birth

Age

Gender

Who is the child currently living with and what is that person's relationship to the child?

Child 3

Full name of child

Date of birth

Age

Gender

Who is the child currently living with and what is that person's relationship to the child?

Child 4

Full name of child

Date of birth

Age

Gender

Who is the child currently living with and what is that person's relationship to the child?

If you have more than four children please use another piece of paper and include the same information for each child.



Part 1a - Interested parties

Check the appropriate box. Provide the details in the 'supporting information' section below:

Are all interested parties, that is anyone who has care or contact responsibilities for the child(ren) named as applicants in these proceedings?

- Yes** - State the role of each person (for example, natural parent, legal guardian or named on an existing order).
- No** - State who they are and the reasons why they are not named.

Supporting information:

State the role(s) and/or further details about why they aren't named:

- [1]
- [2]
- [3]
- [4]
- [5]
- [6]
- [7]
- [8]
- [9]
- [10]
- [11]
- [12]
- [13]



Part 1b - Eligibility (leave)

Check the appropriate box:

s47 - Are you eligible to make this application?

- Yes** - All parties are eligible to apply; OR
- No** - Permission is sought from the Court to apply as it is in the welfare and best interests of the child(ren). The names of who requires permission to apply and the reasons for this are:

- [14]
- [15]
- [16]
- [17]
- [18]
- [19]
- [20]
- [21]

Exhibits referred to on this page (by assigned letter e.g. "A")

Initials:



Part 1a - Party Relationships

What is the relationship between the parents of the child(ren)?

(Check as appropriate or specify)

Married/formerly Civil union/formerly De facto/formerly

Other/specify:

Time spent living together:

If you or the respondent(s) are not a parent of the child(ren), what is your relationship to each other?

[22] _____

[23] _____

[24] _____

[25] _____



Part 2 - Child(ren)

Check the boxes to show that you have given these details below

- Day to day care arrangements: say who each child lives with and where they live.
- Contact arrangements: say who has contact with the child(ren) and where the visits/contact is held.
- Any other relevant Court Orders involving the child(ren)'s care and contact arrangements.

[26] _____

[27] _____

[28] _____

[29] _____

[30] _____

[31] _____

[32] _____

[33] _____

[34] _____

[35] _____

[36] _____

[37] _____

[38] _____

[39] _____

Exhibits referred to on this page (by assigned letter e.g. "A")

Initials:

[40] _____
[41] _____
[42] _____
[43] _____
[44] _____
[45] _____
[46] _____
[47] _____
[48] _____
[49] _____
[50] _____
[51] _____
[52] _____
[53] _____
[54] _____
[55] _____
[56] _____

Check the box to show that you have given these details below

- Whether the child(ren) have any special need(s) (such as educational, medical, developmental etc).
- How the special need(s) are managed for each child.

[57] _____
[58] _____
[59] _____
[60] _____
[61] _____
[62] _____
[63] _____
[64] _____
[65] _____
[66] _____
[67] _____
[68] _____

Exhibits referred to on this page (by assigned letter e.g. "A")

Initials:



Part 3 - What are you asking for – Application Details

Check the boxes to show you have given these details in the ‘supporting information’ section below:

- Any person not named in the application that you want to be named on the Order as having care or contact with the child(ren). You must give their name(s) and their relationship to the child(ren).
- Who the child(ren) will live with, where they will live and the days and times they will be living there. You must also include care arrangements for any special occasions or holidays.
- Who the child(ren) will have contact with, where the visits/contact will be held and the times and length of the contact. You must also include contact arrangements for any special occasions or holidays.
- What the changeover arrangements will be, along with any conditions that relate to the care and contact arrangements for the child(ren).
- What decision making and communication arrangements there are between the care and contact parties in case of emergencies.
- Any other arrangements you have reached agreement on that you want to formalise.

Supporting information

Outline the details of the agreed care and contact arrangements for the child(ren):

[69]	
[70]	
[71]	
[72]	
[73]	
[74]	
[75]	
[76]	
[77]	
[78]	
[79]	
[80]	
[81]	
[82]	
[83]	
[84]	
[85]	
[86]	
[87]	
[88]	

Exhibits referred to on this page (by assigned letter e.g. "A")

Initials:

[89]

[90]

[91]

[92]

[93]

[94]

[95]

[96]

[97]

[98]

[99]

[100]

[101]

[102]

[103]

[104]

[105]

[106]

[107]

[108]

[109]

[110]

[111]

[112]

[113]

[114]

[115]

[116]

[117]

[118]

[119]

[120]

[121]

[122]

[123]

[124]

[125]

[126]

[127]

[128]

[129]

[130]

Exhibits referred to on this page (by assigned letter e.g. "A")

Initials:



Part 4 - How you reached your agreement

Check the boxes to show you have given these details in the 'supporting information' section below:

- The details of how you have reached your agreement (such as privately, through a lawyer or court event etc).
- All details of any legal advice received by the parties, or if not, the reasons why no legal advice was sought.
- All details of why the Order(s) are of benefit to the welfare and best interests of the child(ren).
- All details of any views the child(ren) have expressed about the proposed arrangements.

Supporting information

Outline the details of how the agreement was reached and why the Order(s) should be made:

[131]	
[132]	
[133]	
[134]	
[135]	
[136]	
[137]	
[138]	
[139]	
[140]	
[141]	
[142]	
[143]	
[144]	
[145]	
[146]	
[147]	
[148]	
[149]	
[150]	
[151]	
[152]	
[153]	
[154]	
[155]	
[156]	
[157]	
[158]	
[159]	
[160]	

Exhibits referred to on this page (by assigned letter e.g. "A")

Initials:



Part 5 - Safety

Check the boxes to show you have given the details in the ‘supporting information’ section below:

- If any party and/or any household member (including partners of any party) pose a risk to the child(ren) or have violence, sexual and/or drug or alcohol related convictions. You must give specific detail of any risk and/or convictions and by whom.
- If anyone has used family violence or abuse against any parties including any child(ren) or household members. Please give specific details of the abuse and any Protection Orders and/or Police Safety Orders made.
- If any party or child in this application is or has been involved with Oranga Tamariki or any other social welfare agency. You must give specific details about who was involved and the nature of the involvement.

Supporting information

Outline the details here:

[161]	_____
[162]	_____
[163]	_____
[164]	_____
[165]	_____
[166]	_____
[167]	_____
[168]	_____
[169]	_____
[170]	_____
[171]	_____
[172]	_____
[173]	_____
[174]	_____
[175]	_____
[176]	_____
[177]	_____
[178]	_____
[179]	_____
[180]	_____
[181]	_____
[182]	_____
[183]	_____
[184]	_____
[185]	_____
[186]	_____
[187]	_____
[188]	_____

Exhibits referred to on this page (by assigned letter e.g. "A")

Initials:



Part 6 - Swearing or Affirming

Check the box to confirm the following statements:

- I/we confirm that I/we have made reasonable enquiries to establish that relevant facts and circumstances have been disclosed. To the best of my/our knowledge and belief, my/our affidavit discloses all such facts and circumstances.

Applicant 1

I, (your full name) of (the town where you live)

Occupation Swear Or affirm Date

Signed

Applicant 2

I, (your full name) of (the town where you live)

Occupation Swear Or affirm Date

Signed

Applicant 3

I, (your full name) of (the town where you live)

Occupation Swear Or affirm Date

Signed

Applicant 4

I, (your full name) of (the town where you live)

Occupation Swear Or affirm Date

Signed

Initials:



Part 6 - Swearing or Affirming (continued)

Authorised Person

Oath and/or affirmation taken before me: (your full name)

For: (the name(s) of who you are the witness for)

On: (date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

At: (location)

- Registrar/Deputy Registrar
- Lawyer
- Justice of the Peace
- Other authorised person (please specify):

Signed:

Initials:



Part 6 - Swearing or Affirming (continued)

Check the box to confirm the following statements:

- I/we the within named Respondent(s) hereby acknowledge that by jointly completing and swearing or affirming this form I/we:
- 1) have been served with a copy of this application;
 - 2) agree and confirm the contents of this application and affidavit are true and correct to the best of my/our knowledge and belief; and
 - 3) consent to the Order(s) being made and do not wish to provide any further response.

Respondent 1

I, (your full name) Of (the town where you live)

Occupation Swear Or affirm Date

Signed

Respondent 2

I, (your full name) Of (the town where you live)

Occupation Swear Or affirm Date

Signed

Respondent 3

I, (your full name) Of (the town where you live)

Occupation Swear Or affirm Date

Signed

Respondent 4

I, (your full name) Of (the town where you live)

Occupation Swear Or affirm Date

Signed

Initials:



Part 6 - Swearing or Affirming (continued)

Authorised Person

Oath and/or affirmation taken before me: (your full name)

For: (the name(s) of who you are the witness for)

On: (date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

At: (location)

- Registrar/Deputy Registrar
- Lawyer
- Justice of the Peace
- Other authorised person (please specify):

Signed:

Initials:



Part 7 - Who is involved

Applicant 1

Full name

Date of birth Age Gender

Service address

Home address

Work address

Phone number

Country where you usually live

Email address (Please fill in your email address to give your consent to receive official Court correspondence by email):

Ethnicity (optional)

Occupation

Full-time Part-time Casual Not applicable

Employer/course

Do you need an interpreter? No Yes - specify language needed:

Relationship to the child(ren)

Parent Legal guardian Other - specify:



Part 7 - Who is involved (continued)

Applicant 2

Full name

Date of birth Age Gender

Service address

Home address

Work address

Phone number

Country where you usually live

Email address (Please fill in your email address to give your consent to receive official Court correspondence by email):

Ethnicity (optional)

Occupation

Full-time Part-time Casual Not applicable

Employer/course

Do you need an interpreter? No Yes - specify language needed:

Relationship to the child(ren)

Parent Legal guardian Other - specify:



Part 7 - Who is involved (continued)

Applicant 3

Full name

Date of birth Age Gender

Service address

Home address

Work address

Phone number

Country where you usually live

Email address (Please fill in your email address to give your consent to receive official Court correspondence by email):

Ethnicity (optional)

Occupation

Full-time Part-time Casual Not applicable

Employer/course

Do you need an interpreter? No Yes - specify language needed:

Relationship to the child(ren)

Parent Legal guardian Other - specify:



Part 7 - Who is involved (continued)

Applicant 4

Full name

Date of birth Age Gender

Service address

Home address

Work address

Phone number

Country where you usually live

Email address (Please fill in your email address to give your consent to receive official Court correspondence by email):

Ethnicity (optional)

Occupation

Full-time Part-time Casual Not applicable

Employer/course

Do you need an interpreter? No Yes - specify language needed:

Relationship to the child(ren)
 Parent Legal guardian Other - specify:



Part 7 - Who is involved (continued)

Respondent 1

Full name

Date of birth Age Gender

Service address

Home address

Work address

Phone number

Country where you usually live

Email address (Please fill in your email address to give your consent to receive official Court correspondence by email):

Ethnicity (optional)

Occupation

Full-time Part-time Casual Not applicable

Employer/course

Do you need an interpreter? No Yes - specify language needed:

Relationship to the child(ren)
 Parent Legal guardian Other - specify:



Part 7 - Who is involved (continued)

Respondent 2

Full name

Date of birth Age Gender

Service address

Home address

Work address

Phone number

Country where you usually live

Email address (Please fill in your email address to give your consent to receive official Court correspondence by email):

Ethnicity (optional)

Occupation

Full-time Part-time Casual Not applicable

Employer/course

Do you need an interpreter? No Yes - specify language needed:

Relationship to the child(ren)

Parent Legal guardian Other - specify:



Part 7 - Who is involved (continued)

Respondent 3

Full name

Date of birth Age Gender

Service address

Home address

Work address

Phone number

Country where you usually live

Email address (Please fill in your email address to give your consent to receive official Court correspondence by email):

Ethnicity (optional)

Occupation

Full-time Part-time Casual Not applicable

Employer/course

Do you need an interpreter? No Yes - specify language needed:

Relationship to the child(ren)

Parent Legal guardian Other - specify:



Part 7 - Who is involved (continued)

Respondent 4

Full name

Date of birth Age Gender

Service address

Home address

Work address

Phone number

Country where you usually live

Email address (Please fill in your email address to give your consent to receive official Court correspondence by email):

Ethnicity (optional)

Occupation

Full-time Part-time Casual Not applicable

Employer/course

Do you need an interpreter? No Yes - specify language needed:

Relationship to the child(ren)

Parent Legal guardian Other - specify:



Part 8 - Previous Family Court proceedings

Have the same parties or the child(ren) been involved in any other Family Court cases?

No

Yes - if known, what are the FAM number(s)?