

Children Act 1989

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)

Important Note

Please read the C1A Notes for Guidance before completing this form.

Section 1 About you (the person completing this form)

1 Personal details

Full Name (including any title):

Date of Birth:

*Do not state your address if you have asked the court to withhold your address

Address*:

Day time telephone number:

Your relationship to each child named above:

2 Your solicitor's details

Name:

Address:

Reference:

Telephone Number:

Fax Number:

DX Number:

Section 2 Respondent's comments on allegations made by the Applicant

About this section:

- **Go straight to Section 3 (Further information) if:**
 - (a) you are the **Applicant**; or
 - (b) you are the **Respondent** and the Applicant has not filed form C1A Supplemental Information Form with his or her application.
- This section of the form should only be completed **by the Respondent** where the Applicant has served a completed form C1A with his or her application for an order.
- **You do not have to complete this section unless you wish to comment on any of the information given by the Applicant in his or her form C1A.** This section should not be used to comment on any other information given by the Applicant in his or her application.
- **Please comment in summary form only.** You will have an opportunity to make a more detailed statement later in the proceedings.

Comments on allegations made by the Applicant:

Section 3 Further Information

1 Involvement with outside authorities and organisations

If as a result of any incidence of domestic abuse, other harm or risk of harm to you or the child(ren) there is, has been or there is pending any known involvement with the police, social services, mental health services or other support services in respect of:

- *any child(ren) whose name(s) is/are given at the top of this form*
- *a full, half or step brother or sister of a child(ren) whose name(s) is/are given at the top of this form, or*
- *a person who is or has been involved in caring for the child(ren) or is having or has had contact with the child(ren) whose name(s) is/are given at the top of this form*

please provide details and identify:

- *which agency or service has been involved*
- *the name of the person who has been the main contact in that agency or service*
- *the date or dates of any involvement*
- *whether there is any current or continuing involvement*
- *whether or not you have any documents, reports or correspondence relating to the agency or service's involvement.*

2

Incidents of abuse, violence or harm

For each alleged incidence of violence, domestic abuse or harm, please provide in summary form the following information:

Note: You shall have an opportunity later in the proceedings to provide a more substantial statement

- *the date(s) on which the incident occurred*
- *the nature and seriousness of the alleged abuse, violence or harm*
- *by whom and against whom it was directed*
- *how frequently the alleged abuse, harm or violence occurred and the date(s) of the most recent occurrence(s)*
- *whether any hospital or medical treatment has been sought by the child(ren) whose name(s) is/are given at the top of this form, the applicant or other person in respect of any injuries sustained, and*
- *whether you consider there is a likelihood of further harm, abuse or violence occurring.*

3

Involvement of the child(ren)

If the child(ren) whose name(s) is/are given at the top of this form have seen or heard any of the alleged incident(s) of abuse within the household or been aware of any alleged abuse and its impact on the family, please give details and in particular state how you believe the child(ren) have been affected by this experience:

4

Witnesses

Has anyone else seen, heard or had reported to them any alleged incidence of violence, domestic abuse or harm? If Yes, would that person be able to provide supporting evidence?

5

Medical treatment or other assessment of the child(ren)

If any child(ren) whose name(s) is/are given at the top of this form have been referred for treatment or psychiatric or psychological assessment, by any medical or health service relating to his/her emotional, social or behavioural development (or where any such treatment or referral is pending), please state:

- *when and to whom such a referral was made*
 - *details of any treatment or assessment recommended*
 - *whether there is any continuing involvement with the relevant service in relation to the referral, and*
 - *whether you are aware of or have in your possession any reports or other correspondence in relation to any treatment or assessment recommended.*
-

6

Abduction

If you feel the child(ren) whose name(s) is/are given at the top of this form are at real risk of being abducted please give the following information:

- *your reason for believing that the child(ren) may be abducted*
 - *whether the child(ren) have previously been the subject of a threatened abduction, an attempted abduction or have been abducted*
 - *whether the police or any other organisation has been involved in any alleged previous incident identified above, and*
 - *whether each child has their own passport and who has that passport at the moment?*
-

7

Steps or orders required to protect you and the children

Please indicate what steps or orders you believe the court should take or make in order to protect the safety of the child(ren) whose name(s) is/are given at the top of this form and/or yourself.

8

Attending the Court

Please also indicate whether the court needs to make any special arrangements for you to attend court (e.g. providing you with a separate waiting room from the respondent or other security provision). Do you consider the court should give consideration to any special measures for you or any witnesses to give evidence at the hearing (e.g. use of video link equipment where available)? If Yes, please explain why.

Signed
(Applicant/Respondent)

Date
