

FOR OFFICE USE:

Date Received:

THE CHILDREN (GUERNSEY AND ALDERNEY) LAW, 2008

General Application Form CF1

The Family Proceedings (Guernsey and Alderney) Rules, 2009

PLEASE NOTE THAT THE INFORMATION CONTAINED IN THIS FORM WILL BE PASSED ON TO THE SAFEGUARDER SERVICE FOR THE PURPOSES OF MEDIATION AND, IF APPLICABLE, WHEN APPOINTED TO A CASE

1. Name and Address of Applicant:

Note that it is your responsibility to notify the Court if your address changes

Relationship to the child/ren:

2. Name and Address of Respondent:

Relationship to the child/ren:

3. Please state what your Application is for – include the relevant Section(s)/Rule(s) and the Law the Application is made under:

4. Why are you making this Application?

5. Full Names and Dates of Birth of all the children who are the subject of this Application:

6. Date of marriage, if relevant:

7. Details of any previous Court Orders:

8. Please state if in the last two years whether Children's Services (the Health and Social Care) have been involved with you, or any of the adults living in your household, or any adult who lives or visits the household where the children are living or with any of the children named in this application or who live in or visit the same household where the children are living.

And if so, please give the name of the social worker.

9. Have any of the children in this Application been referred to the Children's Convenor or the CYCT (under Section 17 of the Children (Guernsey and Alderney) Law, 2008)?

If yes, please give details:

I also consent to a copy of this form being disclosed to the Safeguarder.

If an Advocate is signing form on behalf of an Applicant, please provide their full contact details

Form sent to Safeguarder **yes** **no**

Signed:

Dated:

When processing your personal data, these offices are compliant with the Data Protection (Bailiwick of Guernsey) Law, 2017. For more information about how these offices process your personal data, please click [here](#)