**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/>

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| **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) | |
|  |  | | |  | |  | |  | | | | | | |  | | | | |  | | | | |  | |
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| **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*] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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