**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**

**IN THE FAMILY COURT**

**AT [*insert registry*]**

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

**[*insert name, address and occupation of Applicant*]**

**Applicant**

**[*insert name, address and occupation of Respondent*]**

**Respondent**

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

#  NOTICE OF [RESPONSE] [INTENTION TO APPEAR] TO AN APPLICATION MADE UNDER [*insert section number*] CARE OF CHILDREN ACT 2004

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

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

Presented for filing by: [*insert lawyers name, address and contact details*]

NOTICE OF RESPONSE TO [*specify order*]

 **NOTICE OF INTENTION TO APPEAR IN RESPECT OF [*specify order]***

I, [full name *of Respondent*], give notice that I intend to oppose the application for [*specify order* *opposed*]:

I say in answer to the applicant: [*delete if not applicable]*

I seek, in reply to the application, the following orders: [*specify order(s) or other relief sought or delete if not applicable*]

I, [full name *of Respondent*], state that –

*[provide such evidential details relied on as appropriate]*

*[I give notice that I wish to be heard on (give details of ancillary matter(s) – rule 44) or (reserve my rights – rule 45)*

……………………………………….

[*name of Respondent*] – Respondent

Date: [*enter date*]

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

 The Applicant

This notice is filed by [full name], whose address for service is at [address]

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 Respondent in response to AN application MADE**

# UNDER [Specify Act]

Sworn/Affirmed [*DATE*]

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

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

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

SWORN/AFFIRMED at by the said )

**[*Respondent*]**  )
on )

Before:

A Solicitor of the High Court of New Zealand