

## 9. Risk

Do you believe that the child(ren) named at Section 1 have experienced or are at risk of experiencing harm from any of the following by any person who has had contact with the child?

- |                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| any form of domestic abuse/violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| child abduction                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| child abuse                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| drugs, alcohol or substance abuse   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| other safety or welfare concerns    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered Yes to any of the above, please complete form C1A (Supplemental information form).

## 10. Other court cases which concern the child(ren) listed on page 1

Are you aware of any other court cases now, or at any time in the past, which concern any of the child(ren) at Section 1?

☐ Yes If Yes, please attach a copy of any relevant order, and completed the details of the Cafcass/CAFCASS CYMRU officer and child's solicitor below. If you do not have a copy of the order please complete all the additional details below.

☐ No If No, please **go to Section 11**

### Additional details

Name of child(ren)

  
  
  


Name of the court where proceedings heard

Case no.

Date/year (if known)

Name and office (if known) of Cafcass/CAFCASS CYMRU officer

Name and address of child's solicitor, if known

Postcode

**If the above details are different for each child please provide details on additional sheets.**

Please tick if additional sheets are attached.

☐