

C100

Application under the Children Act 1989 for a residence, contact, prohibited steps, specific issue section 8 order or to vary or discharge a section 8 order

To be completed by the court

Name of court

Date issued

Case number

Before completing this form please read the leaflet 'CB1 – Making an application – Children and the Family Courts'. You can get a copy of from your local court or at www.justice.gov.uk.

- Failure to complete every question or state if it does not apply, could delay the case, as the court will have to ask you to provide the additional information required.
- If there is not enough space please attach separate sheets, clearly showing the details of the children, parties, question and page number they refer to.
- Cafcass/CAFCASS CYMRU will carry out checks as it considers necessary. See Section J of leaflet CB1 for more information about Cafcass and CAFCASS CYMRU.

1. Summary of application

Some people need permission to apply - See Section C of the leaflet CB1 for details on who needs permission and how to get permission

Have you applied to the court for permission to make this application? ☐ Yes ☐ Permission not required

Your name (the applicant(s))

The respondent's name(s)

See Sections G and H of the booklet CB1.

Please list the name(s) of the child(ren) and the type(s) of order you are applying for, starting with the oldest. To understand which order to apply for read the booklet CB1 Section D.

Child 1 - Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to applicant(s)		Relationship to respondent(s)	
Child 2 - Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to applicant(s)		Relationship to respondent(s)	
Child 3 - Full name of child	Date of birth	Gender	Order(s) applied for
	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to applicant(s)		Relationship to respondent(s)	

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