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| CHILDREN, YOUTH AND FAMILIES (CHILDREN’S COURT FAMILY DIVISION) RULES 2017 |
| FORM 30 |
|  |
| Rule 6 |
| **APPLICATION TO REVOKE A CARE BY SECRETARY ORDER**  |
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| **Children, Youth and Families Act 2005** |
| Section 305 |
|  |
|  | Court Reference: |       |
|  |
| Name of Child: |       |
| Gender: |       |  | Date of Birth: |       |
| Address: |       |
|  |
| **Details of the current order** |
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| The Children’s Court at [*venue*] |       | on [*date*] |
|       | made or last extended a care by Secretary order in  |
| respect of the child. |
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| **Details of this application** |
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| This application is made on the grounds that: |
| \*circumstances have changed since the making of the care by Secretary order and the applicant has asked the Secretary to review the case plan and the Secretary has either refused to review the case plan or has reviewed it in a way which the applicant finds unsatisfactory. |
| \*[*state any other grounds*]  |
|       |
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| This application is made by: |
| \*the Secretary |
| \*the principal officer of an Aboriginal agency |
| \*the child |
| \*a parent of the child |
|  |
| Applicant’s name: |       |
| Applicant’s email: |       |
| Agency [*if applicable*]:  |       |
| Applicant’s [or agency] address:  |       |
| Applicant’s phone: |       |  |
|  |
| Application filed by— |
| \*Legal Representative |
| Name: |       |
| Email: |       |
| Agency/Firm: |       |
| Address: |       |
| Phone: |       |  |
| \*Applicant |
|  |
| Date: |       |  |
| Signature: |       |
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| **Notice to parties** |
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| **\*To the applicant:** | You must come to the hearing of this application. |
| **To the \*Secretary/ \*principal officer:** | You must come to the hearing of this application. |
| **To the child:** | If you are not the applicant, you are not required to come to the hearing of this application unless you wish to do so. |
| **To the non-applicant parent(s):** | If you are not the applicant, you should still come to the hearing of this application. If you do not attend, the Court may proceed to hear and determine the application in your absence. |

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| **Details of the hearing** |
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| A hearing of this application will be held at the Children’s Court as follows: |
| Date: |       | Time: |       |  |
| Place: |        |
|  |
|  |
| Issued at [*place*]: |       |  |
| Date of issue: |       |  |
|  |
|  |       |
|  | Registrar |
|  |
| \*Delete if not applicable  |