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| CHILDREN, YOUTH AND FAMILIES (CHILDREN’S COURT FAMILY DIVISION) RULES 2017 |
| FORM 31 |
|  |
| Rule 6 |
| **APPLICATION TO REVOKE A LONG-TERM CARE ORDER**  |
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| **Children, Youth and Families Act 2005** |
| Section 306 |
|  |
|  | Court Reference: |       |
|  |
| Name of Child: |       |
| Gender: |       |  | Date of Birth: |       |
| Address: |       |
|  |
| **Details of the current order** |
|  |
| The Children's Court at [*venue*] |       | on [*date*]  |       |
| made a long-term care order (or a protection order subsequently taken to be such an order) in respect of the child. |
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| **Details of this application** |
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| This application is to revoke the order. |
| The grounds for the application are [*set out 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 |
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| [*If this application is made by a parent of the child and the order has been in force for more than 12 months*] |
| \*I hereby apply for leave pursuant to section 306(3) of the Act to make this application. |
|  |
| 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 the 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 |