

**IRRECONCILABLE DIFFERENCES APPLICATION**

Children, Youth and Families Act 2005

(Sections 259, 260)

	Court Reference	
Name of Child		Gender
Address		D.O.B.

**Details of the application**

Name of parent or person who has parental responsibility	
Address	
Relationship to the child	e.g Mother/Father/Person who has parental responsibility (state relationship)

**Grounds for the application** **If the applicant is a person who has parental responsibility for the child**

I believe that there is a substantial and presently irreconcilable difference between the child and me to such an extent that the care and control of the child are likely to be seriously disrupted.

 **If the applicant is the child**

I believe that there is a substantial and presently irreconcilable difference between me and the person who has parental responsibility for me to such an extent that my care and control are likely to be seriously disrupted.

Applicant's name		
Agency, address & phone		
	Date	Signature

**Notice to parties**

**To the Applicant:** You must come to the hearing of this application.

**To the child:** You are not required to come to the hearing of this application unless you wish to do so.

**To the parent(s) or person who has parental responsibility for the child:**

You should 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.

**Details of the hearing**

<b>A hearing of this application will be held at</b>		am/pm	<b>on</b>		Date
<b>at the Children's Court of Victoria at</b>					Address

Issued at

Date

Registrar