

**APPLICATION TO VARY OR REVOKE A THERAPEUTIC TREATMENT ORDER OR THERAPEUTIC TREATMENT (PLACEMENT) ORDER**

Children, Youth and Families Act 2005  
(sections 257, 258)

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

**Details of the order that is sought to be varied or revoked**

On the application of  (full name)

Agency, address & Phone

The Children’s Court at  (Venue) on  (Date) made a therapeutic treatment order.

The Children’s Court at  (Venue) on  (Date) made a therapeutic treatment (placement) order.

**Details of the application**

This application is-

to vary the order(s) (specify conditions to be varied)

to revoke the order(s)

The grounds for the application are:

(set out grounds)

This application is made:

by the Secretary

by the child

by a parent of the child

Applicant’s Name		
	Agency, address & Phone	
	Date	Signature

**Notice to the 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):** 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**

A hearing of this application will be held at  am/pm on  Date

at the Children’s Court of Victoria at  Address

Issued at

Date

Registrar