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| CHILDREN, YOUTH AND FAMILIES (CHILDREN’S COURT FAMILY DIVISION) RULES 2017 |
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| FORM 8 |
|  |
| Rule 6 |
| **APPLICATION TO VARY OR REVOKE A THERAPEUTIC TREATMENT ORDER OR THERAPEUTIC TREATMENT (PLACEMENT) ORDER** |
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| **Children, Youth and Families Act 2005** |
| Section 257, 258 |
|  |
|  | Court Reference: |       |
|  |
| Name of Child: |        |
| Gender: |       |  | Date of Birth: |       |
| Address: |       |
|  |
| **Details of the order sought to be varied or revoked** |
|  |
| On the application of: |       |
| Agency and address: |       |
|  |
| \*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 this application** |
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| The application is: |
| \*to vary the order [*specify conditions to be varied*]: |
|       |
|  |
| \*to revoke the order. |
|  |
| The grounds for this 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 |
|  |
| 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: |       |
|  |
| **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:** | You are not required to come to the hearing of this application unless you wish to do so. |
| **To the non-applicant 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. |
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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 |