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| --- |
| **APPLICATION FOR LEAVE TO BE JOINED AS A PARTY**  |
|  |
|  | Court Reference: |       |
|  |
| Name of Child: |        |
| Gender: |       |  | Date of Birth: |       |
|   |
| **Details of this application** |
|  |
| This application is made by [*name*] |
|       |
| who is the [*relationship to child*]  |       | of the child. |
|  |
| The above person applies to be joined as a party to the proceeding. |
|  |
| The grounds for the application are as follows [*outline grounds*]: |
|       |
|  |
| \*DFFH/\*Aboriginal agency are consenting to the joinder application. |
| \*DFFH/\*Aboriginal agency are not consenting to the joinder application. |
|  |
| This application is made by— |
| 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** |
|  |
| **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 the Children’s Court as follows: |
| Date: |       | Time: |       |  |
| Place: |       |
|  |
|  |
| Issued at [*place*]: |       |  |
| Date of issue: |       |  |
|  |
|  |       |
|  | Registrar |
|  |
| \*Delete if not applicable |