

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