

Rule 6

**IRRECONCILABLE DIFFERENCES APPLICATION**

**Children, Youth and Families Act 2005**

Sections 259, 260

Court Reference: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Details of this application**

Name of parent or person who has parental responsibility: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to the child:  
[e.g. Mother, Father or Person who has parental responsibility] \_\_\_\_\_

**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.

This application is made by—

\*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

**To the Secretary or principal officer:**

You must come to the hearing of this application.

**To the child:**

If you are the applicant, you must come to the hearing of this application. If you are not the applicant, you are not required to come to the hearing of this application unless you wish to do so.

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

If you are the applicant, you must come to the hearing of this application. If you are not the applicant, you should still 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