Application for revocation of a placement order
Section 24 Adoption and Children Act 2002

Name of court { FORMTEXT }	
Case no./Serial no.	{ FORMTEXT }
Date received by the court	{ FORMTEXT }
Date issued	{ FORMTEXT }

Notes to applicants

• Before filling in this form, please read the guidance notes on completing the form.

• Please complete every Part. If any Part does not apply to you, or you are not sure of the answer to any question, please say so. If there is not enough room for your reply, please continue on a separate sheet. Put the child's name, the number of the Part and the paragraph reference at the top of the continuation sheet.

• Please use black ink when filling in the form.

Part 1 About you

{ SHAPE * MERGEFORMAT }

a) Title

{ FORMCHECKBOX } Mr   { FORMCHECKBOX } Mrs   { FORMCHECKBOX } Miss   { FORMCHECKBOX } Ms   { FORMCHECKBOX } Other: { FORMTEXT }

b) My name is:

First name(s) in full:
{ FORMTEXT }

Last name:
{ FORMTEXT }

c) My address is
{ FORMTEXT }{ MERGEFIELD fssm_CHILDALL }

d) My telephone number is
{ FORMTEXT }

{ SHAPE * MERGEFORMAT }

{ SHAPE * MERGEFORMAT }

e) My solicitor in these proceedings is:

Name of solicitor	{ FORMTEXT }
Name of firm	{ FORMTEXT }
Address (including postcode)	{ FORMTEXT }

Telephone no.	{ FORMTEXT }	Fax no.	{ FORMTEXT }
DX no.	{ FORMTEXT }		
E-mail address	{ FORMTEXT }		

f) I am

{ FORMCHECKBOX } the child named in the placement order

{ FORMCHECKBOX } an authorised representative of the local authority named in the placement order

(please state your position in the local authority)

{ FORMTEXT }

{ FORMCHECKBOX } the mother of the child named in the placement order

{ FORMCHECKBOX } the father of the child named in the placement order

{ FORMCHECKBOX } a guardian of the child named in the placement order

{ FORMCHECKBOX } none of the above. I am

{ FORMTEXT }

g) I am a prospective adopter of the child and wish to keep my identity confidential and apply for a serial number

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

{ SHAPE * MERGEFORMAT }

Part 2 About the child

a) First name(s) in full:

{ FORMTEXT }

Last name:

{ FORMTEXT }

{ SHAPE * MERGEFORMAT }

b) The child is a

{ FORMCHECKBOX } Boy   { FORMCHECKBOX } Girl

c) The child was born on

{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

d) The local authority authorised to place the child for adoption (give the name and address of the local authority and (if known) the name and telephone number of the adoption worker who deals with the child)

Name of local authority	{ FORMTEXT }
Address (including postcode)	{ FORMTEXT }

Name of your contact in the authority	{ FORMTEXT }
Telephone no.	{ FORMTEXT }

About other orders or proceedings that affect the child

e) { FORMCHECKBOX } To the best of my knowledge, no proceedings relating to the child (other than

    any maintenance order or care proceedings as given above) have been completed or commenced in any court

or

   { FORMCHECKBOX } The following proceedings relating to the child have been completed/commenced

    (in addition to placement order entered in Part 4 of this application)

{ SHAPE * MERGEFORMAT }

Type of order made (or applied for)	Date of order (or date of next hearing)	Name of court	Case number (or serial number)
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

Cases concerning a related child

f) { FORMCHECKBOX } To the best of my knowledge, no proceedings relating to a full, half or step brother

    or sister of the child have been completed or commenced in any court

or

   { FORMCHECKBOX } The following proceedings relating to a full, half or step brother or sister of the child

    have been completed/commenced (please give details below and, if you were a party to any proceedings that have been completed, attach a copy of the final order)

Relationship to child (e.g. sister, half-brother)	Type of order made (or applied for)	Date of order (or date of next hearing)	Name of court	Case number (or serial number)
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

Part 3 About the child's parents or guardian

The name(s) and address(es) of the child's parent(s) are:

The child's mother

a). The name of the child's mother is:

First name(s) in full

{ FORMTEXT }

Last name

{ FORMTEXT }

b) Her address is (if deceased, please write 'Deceased' in the address box)

{ FORMTEXT }

The child's Father

c) The name of the child's father is:

First name(s) in full

{ FORMTEXT }

Last name

{ FORMTEXT }

d) Her address is (if deceased, please write 'Deceased' in the address box)

{ FORMTEXT }

e) Does he have parental responsibility for the child?
{ FORMCHECKBOX } Yes   { FORMCHECKBOX } No

If No, does he intend to apply for an order under section 4(1)(c) of the Children Act 1989 (a parental responsibility order) or a residence or contact order in respect of the child?
{ FORMCHECKBOX } Yes   { FORMCHECKBOX } No

The child's guardian

f) The name of the child's guardian is:

First name(s) in full

{ FORMTEXT }

Last name

{ FORMTEXT }

g) His/Her address is

{ FORMTEXT }

Part 4 About this application

a) I apply for revocation of the order made by (give name of court)

{ FORMTEXT }

on (date)

{ FORMTEXT }

authorising (give name of local authority)

{ FORMTEXT }

to place (give name of child)

{ FORMTEXT }

for adoption.

{ SHAPE * MERGEFORMAT }

A copy of the placement order is attached

b) The court's permission to make this application

{ FORMCHECKBOX } is not required
{ FORMCHECKBOX } has been given (give details below and attach a copy of the court order giving permission)

{ FORMTEXT }

{ SHAPE * MERGEFORMAT }

c) The reasons for this application are:

{ FORMTEXT }

{ SHAPE * MERGEFORMAT }

Part 5 Statement of truth

Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth.

*[I believe] [The applicant believes] that the facts stated in this application are true.
*I am duly authorised by the applicant to sign this statement.

Print full name { FORMTEXT }

Signed

Date { FORMTEXT }

*[Applicant] [Applicant's solicitor] [Litigation friend]

*delete as appropriate

If you attend the court for a hearing

1. Do you have a disability for which you require special assistance or special facilities?

{ FORMCHECKBOX } Yes   { FORMCHECKBOX } No

If Yes, please say what your needs are below
(the court staff will get in touch with you about your requirements)

{ FORMTEXT }

2. Do you want to use the services of an interpreter?

{ FORMCHECKBOX } Yes   { FORMCHECKBOX } No

If Yes, please specify which language:
(the court staff will get in touch with you about your requirements)

{ FORMTEXT }

What to do now
Once you have completed and signed this form, you should take or send the form and **three copies** to the court, together with the court fee* and the following documents:

• a copy of the placement order you are asking the court to revoke;

• if you were a party to the proceedings, a copy of any other final order relating to the
  child that has effect;

• if you were a party to the proceedings, a copy of any final order relating to a full, half
  or step brother or sister of the child that has effect;

• a copy of any order giving you permission to apply for the placement order to be
  revoked.

* If you are not sure about the court fee payable for your application, or you think that you may be exempt from paying all or part of the fee, you should contact the court for information.

{ SHAPE * MERGEFORMAT }