
Supplement for an application for authority
to refuse contact with a child in care

Form C14

Section 34(4) Children Act 1989

The court

To be completed by the court

Date issued

Case number

The full name(s) of the child(ren)



Child(ren)'s number(s)

1 The current arrangements for contact

- State*
- *the full name(s) of each person who has contact with each child and the current arrangements for contact*
 - *whether the local authority has refused contact for 7 days or less (Section 34(6) Children Act 1989).*

2 The order applied for

State the full name and relationship of any person in respect of whom authority to refuse contact with each child is sought.

3 The reason(s) for the application

If you are relying on a report or other documentary evidence state the date(s) and author(s) and enclose a copy.

Signed
(Applicant)

Date