

CHILD GUARDIAN APPLICATION s140B (4)

Please print clearly. If insufficient space, use additional comments column provided at bottom of application.

Applicant

Name	Child Guardian
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Address	PO Box 12671 Brisbane George Street Queensland 4003
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Telephone		Facsimile	
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Section 1 – What is the decision

Outline of the decision that is in dispute	
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Section 2 - child/children affected by decision

Name and D.O.B of child(ren) decision is about	<u>Name</u>	<u>D.O.B</u>
(1)		(1)
(2)		(2)
(3)		(3)
(4)		(4)

Section 3 – Joinder of parties (section 63 CSTA 2000)

Name and address of parties who should be joined or other persons who have a genuine concern in the matter.	<u>Name and relationship</u>	<u>Address</u>
(1)		(1)
(2)		(2)
(3)		(3)
(4)		(4)

Please attach a copy of the following documents:

- a) copy of your written notice to the chief executive (child safety);
- b) copy of the response from the chief executive (child safety); and
- c) any other relevant documents.

Section 4 – Orders sought

Briefly describe what outcomes and/or orders you are seeking

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Cultural heritage or ethnicity

The child identifies with Aboriginal or Torres Strait or other (please state)
.....
Or another party interested in these proceedings identifies with Aboriginal or Torres Strait or other (please state)
.....

Special needs requirements

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.....
.....

Interpreter

Is an interpreter required **NO** **YES** If YES, please specify language:
.....

Phone Hearing

Some or all of the hearing may be by telephone. Please provide contact number for all relevant parties
.....
.....
.....

Signature of Applicant

Name of CCYP / CG officer:
.....
Email address:
.....
Signature of Child Guardian or Delegate
.....
Date / /

Additional comments
